| 7000   |               | FOR<br>- STATE<br>REGISTRAR  | DEPAR                                    |               | IEALTH AND MENTAL HYG<br>ICATE OF DEATH |                             |  |                 |
|--|---------------|--|--|---------------|---|-----------------------------|--|-----------------|
| 7392 DEC   | 112           | CLASED NAME FIRST  | MIDDLE                                   |               | AST                                     | REG. N                      |  | 26 HOUR         |
| e e e . V.   |               | E OR PRINT) SAMUEL   | Dewey                                    | Λ1            | PPLER                                   | December :                  |  | 12:05           |
| pog de de  | 3. SE         |  | RACE                                     | 5 DATE O      |   | 6 AGE (IN YEARS LAST BIF    |  |                 |
| offe.  | 1             | Male   | White                                    | MONTH         | DAY TOO                                 | 00                          | MONTHS DAYS  | HOURS MIN.      |
| ogo direc  | 70 B          |  | CITIZEN OF WHAT COUNTRY                  | 2 1           | 15 1898                                 | 88                          | OR COUNTY OF DEATH                                   |                 |
| The Kan  | 9             | COUNTRY)   |  | MARRIE        | NEVER MARRIED                           | PALIMORE CITY               | COOKIT OF BEATT                                      |                 |
| e the  |               | aryland  | U.S.A.  NAME OF HOSPITAL, NURS           | WIDOWE        |   | Cecil<br>12a. USUAL OCCUPAT | County   | OF BUSINESS OF  |
| 4 6  |               | A.   | (IF NOT IN SUCH FACILITY, GIVE STREE     | ET ADDRESS)   |   | (TYPE OF WORK FOR MOST      | OF WORKING LIFE) INDUSTRY                            |                 |
| à 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |               | erry Point, Md.  | VA Medical                               |               | 5                                       | Construct                   | tion   Supe  | rinter          |
| Id be  |               | AL RESIDENCE (IF NURSING HOME OF OT<br>STATE 13th COUNTY             |  |               |   | 138 STREET ADDRESS          |  |                 |
|  |               | aryland Carro  | oll Westmi                               | nster         |   | 1 616 Wood                  | side Dr.   | 21157           |
| 25   | 17            | ATHER'S NAME   | DDLE LAST                                |               | 15. MOTHER'S MAIDEN NAM                 | WE                          | t  | AST             |
| 14.10  | 4             | Samuel   | Appler                                   | THE SE        |   | Unknown                     |  |                 |
| 2000   | 160.          | WAS DECEASED EVER IN U.S. ARME<br>YES NO OR UNKNOWN) (IF YES, GIVE W | D FORCES? 166 SOCIAL SEC                 | URITY NO.     | 17. INFORMANT                           | 616 WOOD                    | side Drive   | 2               |
| 0.2  | 1             | YES NO OR UNKNOWN) WWI-A   | rmy = 213-28                             | -0734         | Mavis Apple                             | rwoodside                   | Dr. Westi  | e<br>minster    |
| or to burn<br>y mury, o  | NOIL          | PART 2. OTHER SIGNIFICANT CO   |  |               |   |                             |  |                 |
| icion.   | CERTIFICATION | 19a DATE OF OPERATION  | 19b. CONDITION FOR WHIC                  | H OPERATIO    | N WAS PERFORMED                         | 20a AUTOPSY?                | 20b. IF YES, WERE FIND<br>IN CERTIFYING CAUSE<br>YES | S OF DEATH?     |
| physicic<br>ruficate<br>il-tronsit<br>tol Hygu<br>m 18 spo   |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH          | 21b. TIME OF INJURY<br>HOUR A.M. MONTH I | DAY YEAR      | 21c. HOW INJURY OCCURE                  | RED (ENTER NATURE OF INJU   | IRY IN ITEM 18 PART   OR PART ?)                     |                 |
| Pe en rice   | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINER)                                  | P.M.<br>21e. PLACE OF INJURY             | 19            | 211 LOCATION                            |                             |  |                 |
| attendi<br>se the bus<br>h and M   | MEC           | WHILE NOT WHILE AT WORK  | (AT HOME, STREET, FACTORY, OFFICE        | , FARM, ETC ] | STREET                                  | CITY OR TO                  | Own County   | STATE           |
| A A A A A A A A A A A A A A A A A A A  |               | 220.1 certify that (X(this hospital                                  | ) ottended the deceased from             | August        | 28                                      | . to December               |  | 100KXXXXXX      |
| poto<br>for<br>of H<br>of H  |               | ohow. (If fwell fidel fidel not by                                   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   | XXXX, or      | nd that in (my) (our) opinion           | death accurred on the d     | ate and hour and from th                             | e couses stated |
| has has has held held held held held held held held  |               | 27k SIGNATURE  | 14                                       |               | PEGREE                                  |                             |  | E SIGNED        |
| AL Detacle   |               | Mealeun ()   | Sauca                                    | UM)           | ATTENDING<br>PHYSICIAN                  | MEDICAL STA                 | FF 12  | -12-86          |
| FUNERA PLANTERA PLANT |               | THE PHYSICAN'S NAME THE ORR  | minal                                    |               | 22e ADDRESS                             |                             |  |                 |
| TO HOSPITA<br>retained by<br>TO FUNERA<br>should be d<br>with the Sta<br>MPORTAN   | 1 7           | J. R. GARCIA,  | M.D.                                     |               | VA Medical                              | Center, Per                 | rry Point, M   | d.              |
| 0 f h s 3  | 23a           | BURIAL CREMATION REMOVAL   |  | NAME OF C     | FMEHERY OR CREMATORY                    | 23d LOCATION                |  |                 |
| BP   |               | Burial   | 12-15-86                                 | Cemen         | erv_                                    | Westmins                    | ster Carro   | 11 Md".         |
|  |               | UNERAL DIRECTOR  | 254 Ea                                   | जिए गढ        | TITI DE 1250 DAT                        | E REC'D. BY REGISTRAR       | 256 REGISTRAR'S SIGNA                                |                 |
| HMH - 16 60M 7/84<br>(VRA 15, 4)   |               | Fletcher Funera  | 1 Home, Westmi                           | nster         | Md.222 do NF                            | C 1 6 1986                  | Julia Dividioni                                      | Pondoce         |
| (100 10, 1)  | -             | 120coner Tanero  | ,  |               | STT3/ OF                                | -0 1 0 1900                 | Dunia Connection                                     | Vew Stune       |

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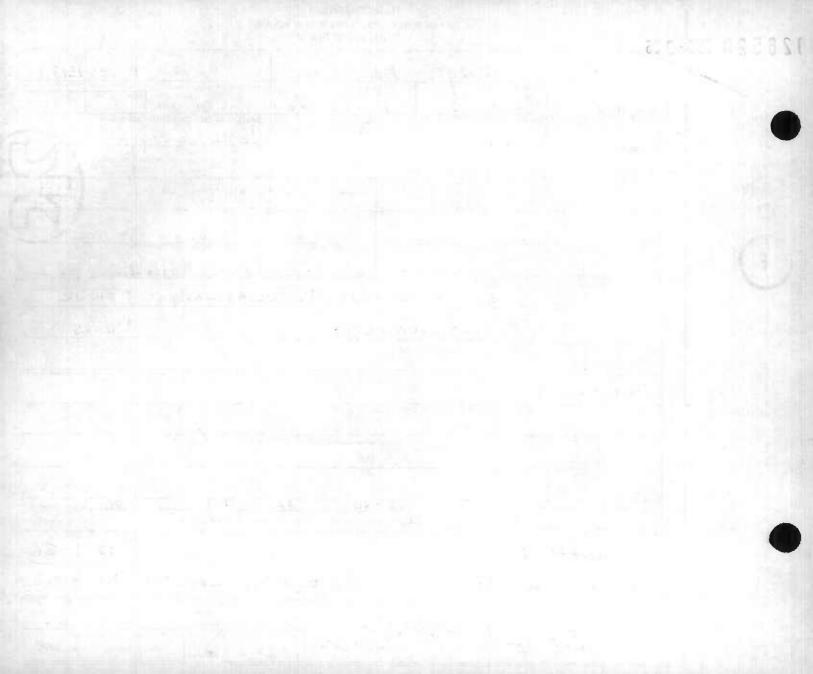
| 028502 DEC  | 1.            | FOR<br>STATE<br>REGISTRAR   |  | DEPARTMENT OF                                       | E OF MARYLAND<br>HEALTH AND MENTA<br>FICATE OF DEATH |                  | 8 6 REG. NO.                            | 3 5 2  | 4 3  |
|---|---------------|---|--|---|--|------------------|---|--|--|
| oy be object to   | T DE          | T HOM   | AS A                                       | 2. B.   | 4KER   | 20. DAT          | E OF DEATH MONTH                        | - 23-86 2  | h HOUR M                                   |
| ge 4 mo   | 3. SE         | m   | 4. RACE                                    | 5. DATE O   | H DAY YEA  |                  |   |  | F UNDER 24 HRS                             |
| deoth. Pa   | 7 B           | RTHPLACE (STATE OR FOREIGN  | 76. CITIZEN OF WHAT                        | COUNTRY? 8 MARRIE WIDOW                             | D NEVER MARRIE                                       | ם ייי            | CECIL                                   | NTY OF DEATH                                     | MD.  |
| 201<br>is ofter of<br>by the fi<br>filed with   | F             | THOR TOWN OF DEATH  | (IF NOT IN SUCH FACIL                      |   | PITAL  |                  | JAŁ OCCUPATION<br>WORK FOR MOST OF WORK |  | BUSINESS OR                                |
| AND 21.   |               | STATE D 136 COU   | NTY 136.C                                  | SIDENCE BEFORE ADMISSION)<br>LITY OR TOWN<br>LA 70H | 13d. INSIDE CITY LIM                                 | # 10             | EET ADDRESS                             | ALTEL  | RO   |
| MARYL<br>mpletely<br>months   | 14 FA         | THER'S NAME FIRST   | MIDDLE                                     | LAST  | 15. MOTHER'S MAID  LETIT                             | EN NAME          | WIDDLE                                  | 077  |  |
| IMORE, on ond composes I medicol  |               | VAS DECEASED EVER IN U.S. AF<br>YES, NO GRUNKNOWN) (1F YES, GI  |  | 6-05-3954   | SALLIE   | ۲1.              | BAHER                                   | ELKO   | MM   |
| RDS, 201 W. PRESTON ST., regimes that the confidence of the behinding of the behinding of the behinding to the behinding contact the behinding the state of the behinding the behinding the state of the behinding the state of the behinding the behinding the behindin                | NO            | PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c) | CONSEQUENCE OF                                      | NOT RELATED TO TH                                    |                  |   | I GIVEN IN PART 110                              |  |
| NA RECO   | CERTIFICATION | 19a DATE OF OPERATION   | 196 CONDITION                              | FOR WHICH OPERATIO                                  | N WAS PERFORMED                                      | YES:             | AUTOPSY? 20b. I                         | F YES, WERE FINDING<br>ERTIFYING CAUSES O<br>YES | S USED<br>F DEATH?                         |
| KIAN T<br>B physic<br>enfects<br>oil name<br>of the search of the<br>oil name of the search of the se |               | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE  | ATH HOUR A.M. A                            | JRY<br>MONTH DAY YEAR<br>19                         | 21c HOW INJURY C                                     | OCCURRED (ENT    | ER NATURE OF INJURY IN ITEA             | A 18 PART 1 OR PART 2)                           |  |
| OIVISION<br>Offers that<br>the shall have but the and Mi  | MEDICAL       | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e. PLACE OF IN.                          | JURY<br>CTORY, OFFICE, FARM, ETC.)                  | 211 LOCATION<br>STREET                               |                  | CITY OR TOWN                            | COUNTY   | STATE                                      |
| ATTENDING OF COOK A COO                | 1             |   |  | 19 86   | nd that in (my) (                                    | pinion deoth occ | curred on the date and                  |  | ot (I) ( <del>val</del> ast<br>uses stated |
| ned by the ho<br>ned by the ho<br>FLINERAL DIRE<br>Id be detuched<br>the Store Dept   |               | 124 PHYSICIAN'S NAME (TYPE  | Ther                                       | 7   | DEGREE  ATTEND PHYSIC  220 ADDRESS                   | DING MEDIC       | CAL STAFF TOR PHYSICIAN                 | 12/2   | 4/86                                       |
| 0 0 0 4 M   |               | SURIAL, CREMATION, REMOVAL  | 23b. DATE<br>12-27-80                      |   | EMETERY OR CREMA                                     | TORY 23d. L      | OCATION<br>CITY OR TOWN                 | Klon o   | STATE                                      |
| BP<br>DHMH - 16 50M 4/B2<br>(VRA 15, 4)   | _             | BURIAL<br>UNERAL DIRECTOR<br>Pofert 1 faces   | 7  | SAPE AKE  | 100 1  | DEC 2            | AFSAPEH<br>9 1986 25b ge                | GISTRAR'S SIGNATUR                               | M/D  |

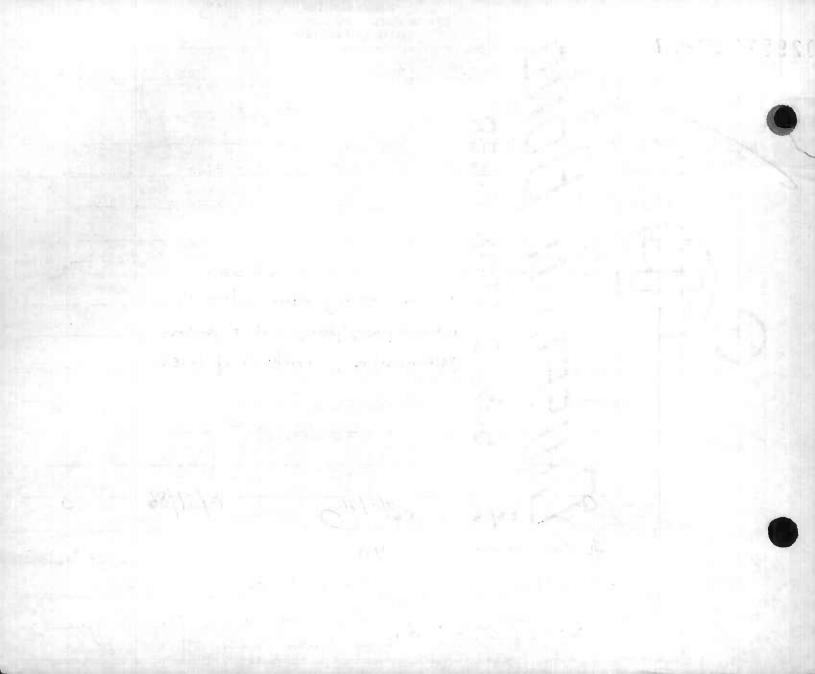
THOUGHT THE THE THE STATE OF TH the second of the second secon 13 - 13 MEN - 15 the state of the said THE SECRET SECRETARY AND ASSESSMENT OF THE SECRETARY ASSESSMENT OF THE SEC

DHMH - 16 60M 7/84 (VRA 15, 4)

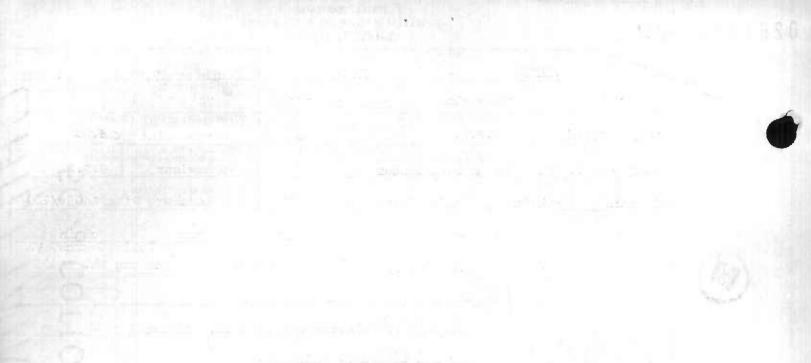
## STATE OF MARYLAND

| 026520 00  |               | FOR<br>- STATE<br>- ISTRAR           |                                     | DEPART   | MENT OF HEALT   | HANDA     | MENTAL HYG      |  |                |              |                                  |
|--|---------------|--------------------------------------|-------------------------------------|--|-----------------|-----------|-----------------|--|----------------|--------------|----------------------------------|
| 0 Z 6 5 Z 0 DE   |               | NAME                                 | FIRST                               | MIDDLE   | LAST            |           |                 | REG. NO<br>2a DATE OF DEATH  | MONTH DA       | YEAR         | 2b HOUR                          |
| * 0 £ A  | 1             | N CO REACH                           | Ale 1                               | Man  | Ba.             |           | . ,             |  |                |              |                                  |
| 1 18   | -             | 11                                   | ildred                              | MARY   |                 | WI        | 7               |  | 2 1            | 86           |                                  |
| 1 /  | 1.5           | EX                                   | 4. RACE                             |  | 5 DATE OF BIR   | TH        | YEAR            | 6. AGE (IN YEARS LAST BIRT   |                | UNDER I YEAR | HOURS MIN                        |
| - B 9 5  |               | TEMALE                               | CAL                                 | 1CASIDAN   | 11              | 13        | 26              | 60   | YRS            | 7 - 10       |                                  |
| 6 39 70  | 7a.           | BIRTHPLACE (STATE ORF                | OREIGN 76 CITIZE                    | EN OF WHAT COUNTRY?  | 8.              | NEVER     | AARRIED -       | 9 BALTIMORE CITY O   | COUNTY O       | FDEATH       | Land Control                     |
| 10 SE 10/  |               | Tennessee                            | U.S                                 |  | MARRIED WIDOWED | , DIV     | VORCED [        |  | MUNTY          |              | MD.                              |
| 1 11 /1  | 10            | CITY OR TOWN OF DEA                  |                                     | ME OF HOSPITAL, NURSIN<br>OT IN SUCH FACILITY, GIVE STREET |                 | HER INST  | ITUTION         | 120 USUAL OCCUPATE<br>(TYPE OF WORK FOR MOST O   |                | 12b. KIND O  | F BUSINESS OR                    |
| 9  | E             | LKTON                                | UN.                                 | ion HUSPIT   | AL              |           |                 | Homemaker  | WORKING (IFE)  | INDUSTRY     |                                  |
| 2 2 5  |               | JAL RESIDENCE (IF NURS               | ING HOME OR OTHER INST              | 13c. CITY OR TOW   |                 | INSIDE CI | ITY LIMITS?     | 13e STREET ADDRESS /   | ZIP CODE       |              | 21921                            |
| 2 4 110  |               | rvland                               | Cecil                               | Elkton   |                 | 50        |                 | 329 Holling  |                | Manor        |                                  |
| 1 12 10  | _             | FATHER'S NAME                        |                                     |  |                 |           | MAIDEN NAM      |  | SWOL CIT       | 1101101      | TEIRCON                          |
| A (2)  |               | FIRST                                | MIDDLE L.                           | LAST   | -1-             |           | FIRST           | MIDDLE   |                | LAS          |                                  |
| 3 10 10 10   | 140           | WAS DECEASED EVER                    |                                     | Broc   |                 | VEORMA    | thia            | J.   | \$ 6           | IN€          | eal                              |
| NO ( de do de )  | 100           | (YES, NO OR UNKNOWN)                 | (IF YES GIVE WAR OR D               | (ATES)   |                 |           |                 |  |                |              |                                  |
| 1 8 1 1  | -             | No                                   |                                     | 213 28 2   | 2096 Roi        | ndie      | M. Bal          | dwin, 329 H  | olling:        |              |                                  |
| A STATE OF   |               | 18 CAUSE OF DEATH<br>PART I. DEATH W | H Enter anly ane car                | use per line far (a), (b), an                              | id (c)          |           | 7               |  |                |              | MATE INTERVAL<br>ONSET AND DEATH |
| E 1 1111   |               | PARTI, DEATH W                       | IMMEDIATE CAUSE                     | (a) ELECTRO  | MECHIC          | AL        | 11550           | CIATION  |                | 1 Ho         | UR                               |
| X 5 55 5 5   |               |                                      | DUE                                 | TO, OR AS A CONSEOU  | ENCE OF         |           |                 |  |                |              |                                  |
| STC heart  |               | Canditians, if any,                  |                                     | CARPION  | LYOPAT          | THY       |                 |  |                | YEAR         | LS                               |
| 2 1 1111   |               | gave rise to imn                     | nediate                             | 107  | 11.54           |           |                 |  |                |              | 1000                             |
| * 5 At 5   |               | underlying cause                     |                                     | TO, OR AS A CONSEOU  | ENCEOF          |           |                 |  |                |              |                                  |
| DIVISION OF VITAL RECORDS, 201 NG PRYSKCIAN, The law requests of attentioning physician been signed at the bostol framest permits. These ples is not and Mental Hygoene prior to burn or and occurrent flowing and prior to burn or an and occurrent flowing and prior to burn or an account flowing and prior to burn or a | NO            | PART 2 OTHER SIGN                    |                                     | ONS CONTRIBUTING TO  | DEATH BUT NOT   | RELATED   | TO THE TERM     | INAL DISEASE OR CON  | OITION GIVEN   | IN PART 11   | 3                                |
| 8 11117  | CERTIFICATION | 190. DATE OF OPERAT                  | ION . 196 (                         | CONDITION FOR WHICH  | OPERATION WA    | S PERFO   | RMED            | 200 AUTOPSY?   | 206. IF YES, V |              |                                  |
| a still  | Ĭ             |                                      |                                     |  |                 |           |                 | YES TO NOT   | IN CERTIFYI    |              | OF DEATH?                        |
| £ 50 1163-   | ΗĒ            | 21g. ACCIDENT WAS UND                | ERLYING [7] 716. 1                  | TIME OF INJURY   | 210             | HOWIN     | JURY OCCURR     | ED (ENTER NATURE OF INJUR  |                |              | 140 🗆                            |
| 4 34 44 59   |               | OR CONTRIBUTING                      | AUSE OF DEATH HO                    | UR A.M. MONTH D  | AY YEAR         |           |                 | The Agent of the A |                | 0.17         |                                  |
| 2 37 8 1 4   | MEDICAL       | (IF EITHER NOTIFY MEDIC              |                                     | P.M.   | 19              | LOCATIO   | \\\             |  |                |              |                                  |
| VISIO  | MEG           | NOT WHAT WOLLD                       |                                     | PLACE OF INJURY  | FARM ETC )      | STREET    | )N              | CITY OR TO   | VN             | COUNTY       | STATE                            |
| A 5 5 5 5  |               |                                      |                                     | ded the deceased fram_                                     | 10 - 30         |           | 10 84           | 10 12-1  | 10             | 86           | that (1) June+last               |
| A1 5 15 5  |               | saw the decease                      | ed alive an                         | 2-1 19   | - 1             |           | (aur) apinian c | leath accurred an the do   | te and haur a  |              |                                  |
| A S WAY E  |               | abave, (1) (c                        | lid) ( <del>ald pets</del> view the | e bady after death.  | DEGR            |           |                 |  |                | 22c DATE     |                                  |
| SA SASA  |               | Signature .                          | 04 1                                | b  | DEGR            |           | TTENDING        | MEDICAL STAF   | F              |              | -1-86                            |
| 2 x 2 4 4 4 4  | 4             | 1 au                                 | 000                                 | 9  |                 |           |                 | MEDICAL STAF   | IAN []         | 14           | 1.06                             |
| FUNE<br>old be<br>ORTA   |               |                                      | IME (1779 OK PARVI)                 | Wh   |                 | ADDRES:   |                 | U15 C-01   | TOAS           | MD           | 71917                            |
| A 0 0 1 6 1  |               | 1 7 20                               | HULTE                               | MD   |                 | .0.       | DOX             | 415, CECI  | LION           | ity          | 21112                            |
| 5 5 5 5 7 5  | 23a           | BURIAL CREMATION.                    | REMOVAL 236. DA                     | ATE ZJE  | NAME OF CEMET   | ERY OR C  | REMATORY        | 234 LOCATION   |                | ortificity.  |                                  |
| BP   |               | Burial                               | 12/                                 | 4/86 Gil   | Lpin Man        | or Me     | em. Par         | k Elkton   |                | ecil         | Md.                              |
| DHMH - 16 60M 7/84   | 74            | Hieks Hom                            | For Buff                            | 16 6 31  | Elkton          | - /       | 25e DATE        | RECD BY REGISTRAR  | 12 4 1         | R'S SIGNAT   | D. Santo                         |





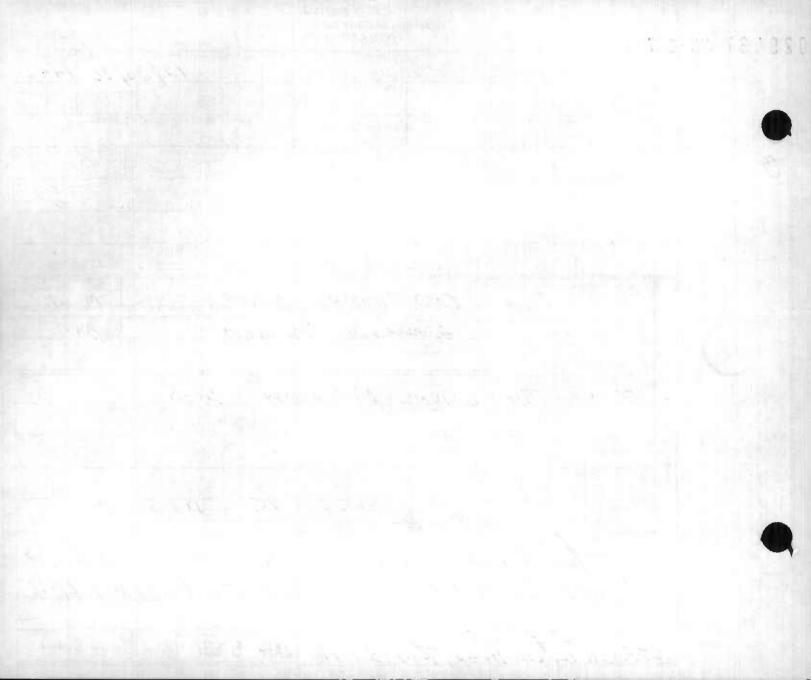
| 9138 JAN   | -5            | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.                            |   |                                 |                         |                                     |             |  |                            |                           |                                  |  |
|--|---------------|--|---|---------------------------------|-------------------------|-------------------------------------|-------------|--|----------------------------|---------------------------|----------------------------------|--|
|  | 1.08          | CEASED NAME FIRST  | MIDDLE                                  |                                 | i.                      | AST .                               | 2a. DA      | 20. DATE OF DEATH MONTH DAY YEAR 26 H  |                            |                           |                                  |  |
| e 0 4  | 4114          | VIR  | 277.                                    |                                 | 1                       | BREWER                              |             | \o 0C  | 1.0                        | 206                       | 3:50am                           |  |
| you ago The  | 1.58          |  | 4. RACE                                 |                                 | 5. DATE C               |                                     | 6. AGE      | December 20  | 0                          | 986<br>FUNDER I YEAR      | IF UNDER 24 HRS                  |  |
| ge 4 m   |               | Male   | Caucasi                                 | an                              | Jan                     |                                     |             | 76   | YRS.                       | ONTHS DAYS                | HOURS MIN,                       |  |
| neral dire   |               | IRTHPLACE (STATE OR FOREIGN COUNTRY) Mississippi   | 76 CITIZEN OF WHAT                      |                                 | 8.<br>MARRIEI<br>WIDOWE | NEVER MARRIED                       | _           | LTIMORE CITY <u>OR</u> CO  | CECIL M                    |                           |                                  |  |
| by the fulled within   | P             | erry Point, Md.  | VA Medio                                | enty, give street /             | address)                | R OTHER INSTITUTION                 | (TYPE       | 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Supervisor.  G.S.A. |                            |                           |                                  |  |
| filled in to ould be fi  | USU<br>13a.   | AL RESIDENCE (IF NURSING HOME OF<br>STATE 135 COUP<br>rginia Fair                                | NOTHER INSTITUTION, GIVE R              | ESIDENCE BEFORE<br>CITY OR TOWN | ADMISSION)              | 13d. INSIDE CITY LIMITS<br>YES NO 🔣 | ?  13e.ST   | REET ADDRESS / ZIF   | CODE<br>g Pi               | ke#A40                    | 5 /22044                         |  |
| The Comine   | 15            | ATHER'S NAME FIRST   | MIDDLE                                  | LAST                            |                         | 15. MOTHER'S MAIDEN FIRST Eliza     | NAME        | Jane   |                            | McLa                      |                                  |  |
|  | 160           | B. J. WAS DECEASED EVER IN U.S. AR   | Brewer                                  | SOCIAL SECU                     | RITY NO                 | 17 INFORMANT                        |             |  | Fall                       |                           | ch, VA                           |  |
| 1 3  |               | (YES, NO OR UNKNOWN) (IF YES, GI   | VE WAR OR DATES)                        | 8-34-30                         |                         | Wilva M. B                          | rewer       |  |                            |                           |                                  |  |
| 10 1   | 1             | 18 CAUSE OF DEATH (Enter of  |   |                                 |                         |                                     |             |  |                            | APPROX                    | MATE INTERVAL<br>ONSET AND DEATH |  |
| 9  |               | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE  | TE CAUSE (0) COI                        | ngestic                         | on and                  | d edema of 1                        | ungs        |  |                            | BETWEET.                  | ONSET AND DEATH                  |  |
| n signed by the att<br>Then pleose remaver<br>ir to burial, cremotia<br>injury, or other trau  | NOI           | gave rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT ( | 167                                     |                                 |                         | ion, bilater                        |             | DISEASE OR CONDITIC  | DN GIVE                    | N IN PART 10              | 0                                |  |
| iene prio  | CERTIFICATION | 190 DATE OF OPERATION  | 196 CONDITION                           | FOR WHICH                       | OPERATIO                | N WAS PERFORMED                     |             | AUTOPSY? 20E   | LIF YES,<br>CERTIFY<br>YES | WERE FINDIN<br>ING CAUSES | OF DEATH?                        |  |
| iol-tronsi<br>intol Hygiem 18 sh   |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE   | HOUR A.M.                               |                                 | Y YEAR                  | 21c HOW INJURY OCC                  | URRED (E    | NTER NATURE OF INJURY IN   | ITEM 18 PA                 | RT I OR PART 2}           |                                  |  |
| s the burner ond Me  | MEDICAL       | 216 INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e PLACE OF IN<br>(AT HOME, STREET, FA |                                 | ARM, ETC }              | 21f. LOCATION<br>STREET             |             | CITY OR TOWN   | 33                         | COUNTY                    | STATE                            |  |
| S ma   |               | 220.1 certify that (K(this hosp  | ital) attended the dec                  | eased from                      | Octob                   | er 23 19 8                          | 6, to       | December 2   | 291                        | 9863                      | MKKKMMM                          |  |
| for up of H  |               | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   | ti view the body offer                  | XXXXXXX                         | XXX, ar                 | nd that in (my) (aur) apini         | ion death o | occurred on the date o   | ind hour                   | and from the              | couses stated                    |  |
| IREC<br>hed<br>ept.  |               | 226. SIGNATURE   | or the water body differ                | GCGIII.                         |                         | DEGREE                              |             |  |                            | 22c DATE                  |                                  |  |
| At D<br>letoc<br>ite D   |               | 1 um   | en and                                  | -                               |                         | ATTENDING<br>PHYSICIAN              | MED<br>DIRE | CTOR PHYSICIAN   | X                          | 12                        | 2-29-86                          |  |
| TIE TO THE TOTAL |               |  | OR PR                                   |                                 |                         | 22e. ADDRESS                        |             |  |                            |                           |                                  |  |
| should be owith the Sto  |               | JOHN LONERGAN, M.D. VA Medical Center, Perry Point, Md.  |   |                                 |                         |                                     |             |  |                            |                           |                                  |  |
| F 20 3 ₹ T   | 23a.          | BURIAL, CREMATION, REMOVAL   |   | 23c. N                          | NAME OF C               | EMETERY OR CREMATOR                 | RY 236      | LOCATION   |                            | COUNTY                    | STATE                            |  |
|  |               | Burial   | 01/03/87                                | Na                              | ationa                  | al Mem. Park                        | F           | alls Churc   | ch, I                      | Fairfa                    | K, VA                            |  |
| 16 60M 7/84  |               | UNERAL DIRECTOR  |   | 10000                           |                         |                                     |             | D. BY REGISTRAR 250  | REGISTR                    | AR'S SIGNAT               | URE                              |  |
| RA 15, 4)  | 1             | Pearson Funeral  | Home, Fall                              | ls Chur                         | ch, V                   | 7A. ]                               | AN 2        | 1987 Ju  | lia D                      | cordern ?                 | andaeli                          |  |







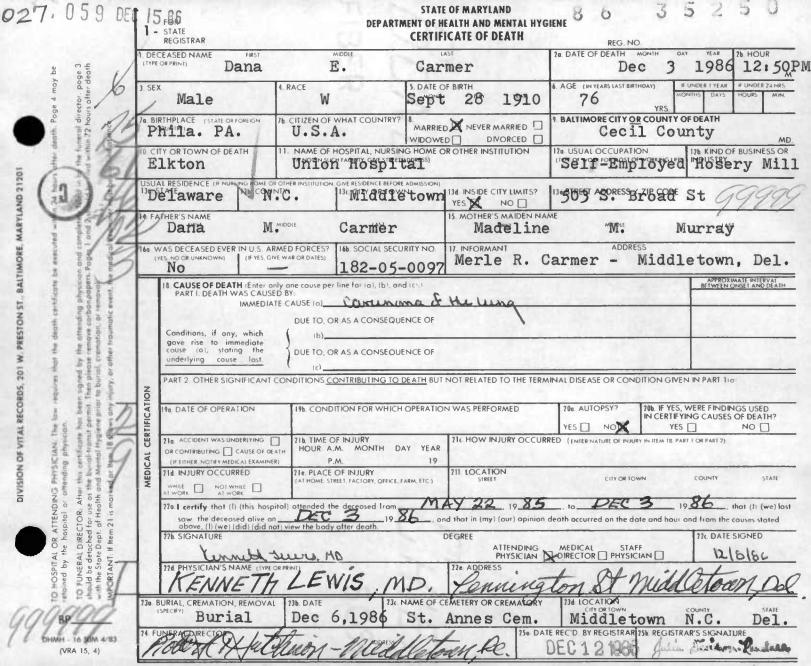
| 129437 JAN-  |               | FOR<br>STATE<br>TREGISTRAR   | DEP  | ARTMENT OF H            | E OF MARYLAND<br>BEALTH AND MENTAL HYG<br>ICATE OF DEATH | SIENE REG NO.                  | 3 5 2 4 /   |
|--|---------------|--|--|-------------------------|--|--------------------------------|---|
| ) LOTOI OMI  |               | CEASED NAME FIRST  | MIDDLE   |                         | AST  | 20. DATE OF DEATH MO           | NTH DAY YEAR 26 HOUR  |
| 1 25   | (ITPE         | Harrie   | tt Croney  | Brin                    | ton  | /2                             | 130/86 1440m  |
| 40 00  | 3 SE          |  | 4 RACE   | 5. DATE O               |  | 6. AGE LIN YEARS LAST BIRTHO   |   |
| 4 20 20 20 20 20 20 20 20 20 20 20 20 20   |               | Female   | White  | Jüï                     | y 12° 1898   | 88                             | YRS DATS HOURS MIN.   |
| 2 52 1//   |               | RTHPLACE (STATE OR FOREIGN   | 76 CITIZEN OF WHAT COUN                              | TRY? B                  | D NEVER MARRIED  | 9 BALTIMORE CITY OR C          | OUNTY OF DEATH  |
| 1 46   | W             | ilmington, DE  | USA  | WIDOW                   | - V  | Cecil                          | MD.   |
| 2011 31  |               | TY OR TOWN OF DEATH  | 11. NAME OF HOSPITAL, NU                             |                         | OR OTHER INSTITUTION                                     | 12a USUAL OCCUPATION           | 126. KIND OF BUSINESS OR  |
| 5 9: 13 60/  |               | Til let on   | Union Host   |                         |  | Office Mg                      | 70 1 1  |
| No 212   | 13a S         | STATE COL  | OR OTHER INSTITUTION GIVE RESIDENCE                  | BEFORE ADMISSION        | 136 INSIDE CITY LIMITS?                                  | 13e STREET ADDRESS / ZI        | Diehandean  |
| ALL STATES   | 14 P          | THER S NAME  | MIDDLE LASI  |                         | 15. MOTHER'S MAIDEN NA                                   |                                | Ave., Catata  |
| 1 1 1/10   |               | P. Irw   |  |                         | Harriet  |                                | Known)  |
| More Popular   |               |  | IVE WAR OR DATES)                                    | SECURITY NO.<br>03-5893 | William Ok   |                                | ottfield Dr.<br>rk, DE 19713  |
| H., BALTI<br>triccose b<br>proposes<br>energia   |               | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS   | only one cause per line for (a), (b                  |                         | 1  | 1557                           | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  Missale                   |
| NO 4 CONTRACTOR  |               |  | DUE TO, OR AS A CONS                                 | EQUENCE OF              | . 0  |                                | 2   |
| 1 W. PREST<br>by the other<br>consolidate<br>cremoting   |               | Conditions, if ony, which gove rise to immediate cause (0), stating the underlying couse last. | (b)  | EQUENCE OF              | ul / y) En   | nallA                          | DAYJ.   |
| S. 20  | 7             | 44 4 4 4   | CONDITIONS CONTRIBUTING                              | TO DEATH BUT            |  |                                | ION GIVEN IN PART 110   |
| t RECORD  te low rete on.  thos became preme to  was on  mass on | CERTIFICATION | 190 DATE OF OPERATION  | 196 CONDITION FOR W                                  | HICH OPERATIO           | NO OSACWYM<br>N WAS PERFORMED                            | 200 AUTOPSY? 20                | DE IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES NO NO |
| VITAL RE lo hysicion. ficote hos rronsit peril Hygiene p 118 shaws.  | CER           | 210. ACCIDENT WAS UNDERLYING   |  |                         | 21c HOW INJURY OCCUR                                     | RED (ENTER NATURE OF INJURY IN |   |
| ON OF VIII   | AL            | OR CONTRIBUTING CAUSE OF DI  |  | DAY YEAR                |  |                                |   |
| DIVISION OF VIT ING PHYSICIAN: of offending physic of the bunchmon ith and mental Hyg orked or frem 18 si  | MEDICAL       | 216 INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e. PLACE OF INJURY<br>(AT HOME STREET, FACTORY, OF |                         | 211 LOCATION<br>STREET                                   | CITY OR TOWN                   | COUNTY STATE  |
| DING<br>or a<br>Afte<br>e os<br>ofth   | 115           |  | pital) attended the deceased fr                      | om M                    | 1M11/ 10 8   | 5 10 12/                       | 73 19 that (I) (we) last  |
| TTEN<br>Putol<br>TOR.<br>for us<br>of He   |               | sow the deceased alive a   |  | 60                      |  | death accurred on the date     | and have and from the causes stated                                     |
| TAL OR A y the hos RAL DIREC detoched hote Dept.   |               | 226 SIGNATURE  | W  |                         | DEGREE ATTENDING.  | MEDICAL STAFF                  | DI DATE SIGNED  |
| TO HOSPITAL ( retoined by the TO FUNERAL I should be deto with the Store I IMPORTANT. II   |               | 224 PHYSICIAN'S NAME LIVE  | OR PRINTIPO  |                         | PHYSICIAN 22e ADDRESS                                    | DIRECTOR   PHYSICIAN           | 10 1/9/1/19   |
| TO HO TO FU with the   | -             | LINWOOD !  | BRIUS MD   |                         | 1721 BRIDE   | GEST. Euro                     | (2) MD 5121   |
| BP   | 23o E         | Burial, Cremation, Remova<br>Specify)<br>Burial  | 1 - 2 - 87   |                         | EMETERY OR CREMATORY                                     | 23d LOCATION<br>CITY OR TOWN   | COUNTY STATE  |
|  | 24 FI         | JNERAL DIRECTOR 7  | 1-2-0  | odd re                  | ellows 250 DAT   | E REC'D. BY REGISTRAR 25)      | Kent De REGISTRAR'S SIGNATURE   |
| DHMH 16 60M-7/84<br>(VRA 15, 4)  | 2             | FROIZD FUN   | ERAL Homes A   | LISTAIS S               | 1 1 1 4 4  | 5 1987 A                       | ulia Teridoon. Rondock  |



| 4 3 JAN 1  | 218           | FOR<br>STATE<br>REGISTRAR  |  | DEPART  | MENT OF HEALTH AND<br>CERTIFICATE OF  | D MENTAL HYG   | IENE 863. N  | . 35                                  | 524                                    | 8  |
|--|---------------|--|--|---|---|--|--|---------------------------------------|--|--|
|  |               | CEASED NAME FIRST  |  | WIDDLE  | LAST  | 77.74  | 20. DATE OF DEATH  | MONTH DA                              | Y YEAR                                 | 26 HOUR  |
| page 3   |               | Esthe  | r  | Boddy   | Brown   |  |  | 12 23                                 | 5 86                                   | 11:15 por  |
| te. po   | 3 SE)         | X  | 4 RACE   | SII a 53  | S. DATE OF BIRTH  | YEAR   | 6 AGE (IN YEARS LAST BIR   | THDAY) IF                             | UNDER I YEAR                           | IF UNDER 24 HRS  |
| of o   |               | hemale   | Blac   |   | 6 7   | 24   | 62   | YRS.                                  |  |  |
| 1. 24  |               | RTHPLACE (STATE OR FOREIGN   | 76 CITIZEN OF  | WHAT COUNTRY  | MARRIED NEVE  | R MARRIED  | 9 BALTIMORE CITY O   | R COUNTY O                            | F DEATH                                |  |
| 1000   |               | MD.  | USI  |   |   | DIVORCED [   | Ceci   |                                       |  | MD.  |
| 41/1/  |               | TY OR TOWN OF DEATH  | (IF NOT IN SU  | CH FACILITY, GIVE STREE   |   | ISTITUTION   | 120 USUAL OCCUPATI   | F WORKING LIFE                        | 12b. KIND C<br>INDUSTRY                | F BUSINESS OR  |
| 7-3-5-   |               | North East   | 73 Well  | els Camp  |   |  | Foster P   | arent                                 |  |  |
| 35   | 13a S         | TATE 136 CO  |  | North   | VN 113d INSIDE  | NO 🎉   | 13 STREET ADDRESS Wells  | ZIP CODE<br>Camp                      | Rd.                                    | 1901   |
| 070  | 1             | THER'S NAME FIRST  Clarence  | WIDDIE   | Bond  | Is. MOTHE   | R'S MAIDEN NA/   | MIDDLE   |                                       | LAS                                    | 7  |
| % T  |               | VAS DECEASED EVER IN U.S. A  | ARMED FORCES?  | 166 SOCIAL SEC  | URITY NO. 17 INFORM   | TNAN   | ADDRE  | SS                                    | 200                                    | 361  |
| 2 1  |               | no   | SIVE WAR OR DATES!   | 220-18-   | -4686 Leor  | Brown  | 73 Wells   | Camp                                  | Rd.                                    | NorthEa  |
| 1 de 1   |               | 18 CAUSE OF DEATH Enter  | anly one cause pe  |   |   |  |  |                                       | APPROX<br>BETWEEN                      | MATE INTERVAL  |
| out a  | 100           | PART 1. DEATH WAS CAU<br>IMMEDI  | ATE CAUSE (0)  |   | CARDIO- RO  | ESPITOR  | A HAILA  | RE                                    |  |  |
| a de contra  |               |  | DUE TO, C  | R AS A CONSEOL  | JENCE OF  |  | D  | Contract of                           | 1.37                                   |  |
| affor<br>roun  |               | Conditions, if any, which gove rise to immediate   | ( (b)_   |   | CANCC   | RDF  | PANCI  | REASE                                 |  |  |
| 111  |               | cause (a), stating the underlying cause last.  | DUE TO, C  | R AS A CONSEOL  | JENCE OF  |  |  |                                       |  |  |
| 0 10   |               |  | ( (c)_   |   |   |  |  |                                       |  |  |
| to but   | NO            | PART 2 OTHER SIGNIFICAN  | CONDITIONS C   | ONTRIBUTING TO  | DEATH BUT NOT RELAT   | ED TO THE TERM   | INAL DISEASE OR CON  | DITION GIVEN                          | N IN PART I                            | D*   |
| 1865   | CERTIFICATION | 190 DATE OF OPERATION  | 19b CONE   | ITION FOR WHICH   | H OPERATION WAS PERI  | FORMED   | 200 AUTOPSY?   | 20b. IF YES, V<br>IN CERTIFYII<br>YES | WERE FINDING CAUSES                    | GS USED OF DEATH?                                      |
| 52117  | GER           | 210 ACCIDENT WAS UNDERLYING  | 216 TIME C   |   | 121, HOW  | INTUINY OCCUPE   |  |                                       |  |  |
| 3  |               |  | HOUR A   | M. MONTH D  | AY YEAR   | INJURY OCCURR  | ED (ENTER NATURE OF INJUI  | RY IN ITEM 18 PAR                     | T I OR PART 2)                         |  |
| To the state of th | CAL           | OR CONTRIBUTING CAUSE OF E   | - All  | .M. MONTH D   | PAY YEAR  |  | ED (ENTER NATURE OF INJUI  | RY IN ITEM 18 PAR                     | I I OR PART 2)                         |  |
| d or New JB show   | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P       | P 21e PLACE  |   | 19 21f LOCA   | TION   | ED (ENTER NATURE OF INJUI  |                                       | COUNTY                                 | STATE  |
| oved or living the short   | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMIN   | P 21e PLACE  | .M.<br>OF INJURY  | 19 21f LOCA   | TION   |  |                                       |  | STATE  |
| Health and Mental Highers is morked or terral Bishoo   | MEDICAL       | (IF EITHER NOTHY MEDICAL EXAMIN<br>21d IN JURY OCCURRED<br>WHILE NOT WHILE AT WORK NOT WHILE AT WORK 1200 AT WORK 1 | 21e PLACE LAT HOME ST  | .M.  OF INJURY REET, FACTORY OFFICE   | 19 21f LOCA'  | TION<br>EET  | CITY OR TO   | wn                                    | COUNTY                                 | that (1) (we) last                                     |
| of Health and Mental II, general n 21 is morked or tem 18 than   | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINATE AT WORK AT WORK AT WORK AT WORK Sow the deceased alive above, (I) (we) glid) (did  | 21e PLACE (AT HOME S) pital) attended the  | .M.  OF INJURY REET, FACTORY OFFICE the deceased from                           | PAY YEAR  19  21f LOCA' SIRI  | TION<br>EET  | CITY OR TO   | wn                                    | COUNTY                                 | that (I) (we) last<br>causes stated                    |
| sched for use or the burtain from the Dept of Health and Mental Hygeres frem 21 is moved on term 18 shown  | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINATED IN JURY OCCURRED WHILE AT WORK 100 (I) (this has sow the deceased glive in the state of the state        | 21e PLACE (AT HOME S) pital) attended the  | .M.  OF INJURY REET, FACTORY OFFICE the deceased from                           | 19 21f LOCA'  | TION  EET , 19  y) (our) opinion o                     | CITY OR TO   | wn                                    | COUNTY                                 | that (I) (we) last<br>causes stated                    |
| feroched for use or the burner from the Date Dept of Health and Mental Highest VI. If them 21 is morked or here JB from  | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINATE INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this has sow the deceased alive above, (1) (we) pdid) (did  22b. SIGNATURE   | 21e PLACE (AT HOME ST  | .M.  OF INJURY REET, FACTORY OFFICE the deceased from                           | PARY YEAR 19 21F LOCA STRI  , and that in (m) DEGREE                            | . 19   | CITY OR TO   | , 19<br>bite and hour a               | COUNTY                                 | that (I) (we) last<br>causes stated                    |
| The ALUKKLIOK AT THE STATE OF THE STATE OF THE STATE DEPT OF Health and Mental Transport DITTAIL If them 21 is man edge in the JB has  | MEDICAL       | (IF EITHER NOTIFY MEDICAL EXAMINATE AT WORK AT WORK AT WORK AT WORK Sow the deceased alive above, (I) (we) glid) (did  | 21e PLACE (AT HOME ST  | .M.  OF INJURY REET, FACTORY OFFICE the deceased from                           | PAY YEAR  19  21f LOCA' SIRI  | . 19   | . to   | , 19<br>bite and hour a               | COUNTY                                 | that (I) (we) last<br>causes stated                    |
| 1527   |               | (IF EITHER NOTIFY MEDICAL EXAMIT 21d INJURY OCCURRED  WHAE NOTWHAE AT WORK  22a. Certify that (I) (this has sow the deceased alive above, (I) (we) grid (did  22b. SIGNATURE  22d. PHYSICIAN'S NAME UVP  | PRER PLACE (AT HOME ST)  pital) attended the properties of the pool of the properties of the propertie | M. OF INJURY REEL FACTORY OFFICE the deceosed from ratter death.                | PARM ETC ) 21f LOCA' STRI   | ATTENDING PHYSICIAN                                    | CITY OR TO , to  death occurred on the do  MEDICAL STAI  DIRECTOR ☐ PHYSIC                                 | , 19<br>bite and hour a               | COUNTY                                 | that (I) (we) last<br>causes stated                    |
| with the State Dept of Health and Mental Hygers i MPOHTANT. If them 21 is morted or terry IB shown   | 23a. B        | (IF EITHER NOTIFY MEDICAL EXAMINATE INJURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that (1) (this has sow the deceased alive above, (1) (we) pdid) (did  22b. SIGNATURE   | 21e PLACE (AT HOME SI  Dital) attended the politic view the body  AL 23b. DATE   | OF INJURY REEL FACTORY OFFICE The deceosed from rotter death.                   | FARM ETC ) 21f LOCA' STRI  , and that in (m  DEGREE  22e ADDR                   | ATTENDING PHYSICIAN                                    | Tity OR TO  CITY OR TO  CITY OR TO  MEDICAL STAN  DIRECTOR □ PHYSIC  | wn, 19 pite and hour o                | ond from the                           | that (I) (we) last<br>couses stated<br>SIGNED<br>7 & 7 |
| would be detached for use or the burner from the sorte Dept of Health and Mental Hygeries (MPDRTANT: If hem 21 is moved on term 18 shown   | 23e. B        | (IF EITHER NOTIFY MEDICAL EXAMIT 21d INJURY OCCURRED  WHIE NOT WHIE AT WORK  220.1 certify that (1) (this has sow the deceased alive obove, (1) (we) paid (did 22b. SIGNATURE  22d. PHYSICIAN'S NAME UYP  URIAL, CREMATION, REMOVA 5PECIFY)  DURIAL  | PRER PLACE (AT HOME ST)  pital) attended the properties of the pool of the properties of the propertie | OF INJURY REEL FACTORY OFFICE The deceosed from rotter death.                   | PARM ETC ) 21f LOCA' STRI   | ATTENDING PHYSICIAN ESS                                | city on to  teeth occurred on the do  MEDICAL STAI  DIRECTOR □ PHYSIC  123d. LOCATION CITY OR TOWN CONOWAN | ote and hour o                        | county  ond from the  222. DATE  1 1 - | that (I) (we) lost couses stated SIGNED 7 & 7          |
| # # <del>1</del>   | 23a. B        | (IF EITHER NOTIFY MEDICAL EXAMIT 21d INJURY OCCURRED  WHILE NOT WHILE SOW THE ATWORK  220.1 certify that (I) (this has sow the deceased alive above, (I) (we) pdid) (did 22b. SIGNATUR  22d. PHYSICIAN'S NAME UVP  URIAL, CREMATION, REMOVA  | PREPRIOR PRINTING PARENTS OF THE PRINTING PARENTS OF THE PRINTING PARENTS OF THE PRINTING PARENTS OF THE PARENT | M. OF INJURY REEL FACTORY OFFICE The deceosed from Other death.  19 23c 9-86 M. | FARM ETC) 214 LOCA' STRI  Ond that in (m  DEGREE  22e ADDR  NAME OF CEMETERY OF | TION  EET  , 19  ATTENDING PHYSICIAN  ESS  R CREMATORY | Tity OR TO  CITY OR TO  CITY OR TO  MEDICAL STAN  DIRECTOR □ PHYSIC  | ote and hour o                        | county  ond from the  222. DATE  1 1 - | that (I) (we) lost couses stated SIGNED 7 & 7          |

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seeds the named to, 1814, 72 and the seeds of the seeds o Lover wire V. A. redical order Clear India Connections with the same x 20 minus lone coin Coney Isticaine Chaine 11

will a confirm the train of the foreign desired being Million Control

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| , 12          | 2 REGISTRAR   |  |                                       |   | CERTIF     | ICATE OF DE              | ATH                              | REG.  | NO.                  |   |                                     |
|---------------|---|--|---------------------------------------|---|------------|--------------------------|----------------------------------|---|----------------------|---|-------------------------------------|
|               | CEASED NAME   | JOHN   | , , , , , , , , , , , , , , , , , , , | J <sub>oseph</sub>                                      |            | STIAN                    |                                  | DECEMBER  |                      | DAY YEAR                                | 26 HOUR<br>2:11P                    |
| 3. 58         |   |  | RACE                                  |   | 5. DATE O  | DAY                      | YEAR                             | 6 AGE (IN YEARS LAST                                    | BIRTHDAY             | MONTHS DAYS                             |                                     |
| -             | ale   |  | aucasi                                |   | Aug.       | 17                       | 1921                             | 65  | YRS.                 |   |                                     |
|               | RTHPLACE (STATE OF  |  |                                       | WHAT COUNTRY?   |            | NEVER M.                 | ARRIED -                         | 9 BALTIMORE CITY  |                      | Y OF DEATH                              |                                     |
| -             | ssachuseti  |  | nited                                 |   | WIDOWE     |                          | ORCED _                          | Cecil Co  |                      |   | MD                                  |
| P             | ERRY POIN   | г, му  | VA ME                                 | HOSPITAL, MURSIN<br>HEACHTY GIVE STREET<br>DICAL CEN    | TER"       | R OTHER INSTI            | TUTION                           | 12a USUAL OCCUPA<br>(TYPE OF WORK FOR MOS<br>Police Off | T OF WORKING         |   | of Police                           |
| 13a:3         | AL RESIDENCE OF NUF<br>STATE<br>ryland                            | ontgo  | Υ                                     | GIVE RESIDENCE BEFORE<br>136. CITY OR TOWI<br>ROCKVILLE | N          | 13d. INSIDE CIT<br>YES 📉 | Y LIMITS?                        | 13. STREET ADDRES<br>4815 Cree                          | s / zip cot<br>k Sho | re Dr./                                 | 20852                               |
| NA. FA        | ATHER'S NAME  | MI   | DDIE                                  | LAST  |            | 15. MOTHER'S             |                                  | ME  |                      | 14                                      | AST                                 |
|               | John  | J.   |                                       | Christi   | an         | E1                       | sie                              |   |                      | Chapman                                 |                                     |
|               | WAS DECEASED EVEL<br>YES, NO OR UNKNOWN)                          |  | ED FORCES?                            | 166 SOCIAL SECU   | RITY NO.   | 17 INFORMAN              | IT                               | ADD   | RESS                 | E(1-3)                                  |                                     |
| ye            | S OF UNKNOWN  | WWII   | VAR OR DATES)                         | 024-16-0  | 999        | Regina                   | M. Ch                            | ristian, w  | rife,                | see #13                                 |                                     |
|               | Canditions, if on gove rise to in couse to), statiunderlying cous | MAS CAUSED  IMMEDIATE  /, which imediate ing the | BY:<br>CAUSE (o)<br>DUE TO, OI        | RESPIRAT  RAS A CONSEQUE  PNEUMONIA  RAS A CONSEQUE     | ORY A      | RREST                    |                                  |   |                      | BETWEEN                                 | XXWATE INTERVAL<br>NONSET AND DEATH |
| NOI           | PART 2 OTHER SIG  | INIFICANT CO                                     | NDITIONS CO                           | ONTRIBUTING TO D  | EATH BUT   | NOT RELATED 1            | O THE TERM                       | INAL DISEASE OR CO                                      | NDITION G            | IVEN IN PART 1                          | 10                                  |
| CERTIFICATION | 190 DATE OF OPERA   | ATION  | 196 CONDI                             | TION FOR WHICH  | OPERATIO   | N WAS PERFOR             | MED                              | 200 AUTOPSY?  | IN CERT              | ES, WERE FIND<br>IFYING CAUSE<br>YES [] |                                     |
| 1000          | 21a. ACCIDENT WAS UN<br>OR CONTRIBUTING (IF EITHER NOTIFY MED     | CAUSE OF DEATH                                   | 216. TIME O<br>HOUR A                 | M. MONTH DA   | Y YEAR     | 21c HOW INJ              | URY OCCURE                       | RED (ENTER NATURE OF IN                                 | JURY IN ITEM 18      | PART I OR PART 2)                       |                                     |
| MEDICAL       | 21d INJURY OCCUP  | MILE   | 21e. PLACE (<br>(AT HOME, STR         | OF INJURY<br>REET, FACTORY, OFFICE, FA                  | ARM, ETC ) | 211 LOCATION STREET      | V                                | CITY OR   | IOWN                 | COUNTY                                  | STATE                               |
|               | 22a 1 certify thatX<br>saw the decea                              | sed olive on                                     | DECEMB                                | ER 14 19  |            |                          | , 19 <u>86</u><br>our) opinion ( | , toDECEMI<br>death occurred on the                     |                      | our and from the                        |                                     |
|               | 77h SIGNATURE .   |  |                                       |   | [          | DEGREE                   |                                  |   |                      | 22c DATI                                | ESIGNED                             |

DHMH - 16 60M 7/84 (VRA 15, 4) 236. BURIAL, CREMATION, REMOVAL 236. DATE Burial Dec . 1

KEVIN M. MILLER, M.D.

Miller MD

236. DATE 236 NAME OF CEMETERY OR CREMATORY Cemetery
Dec .18,1986 Arlington National

22e ADDRESS

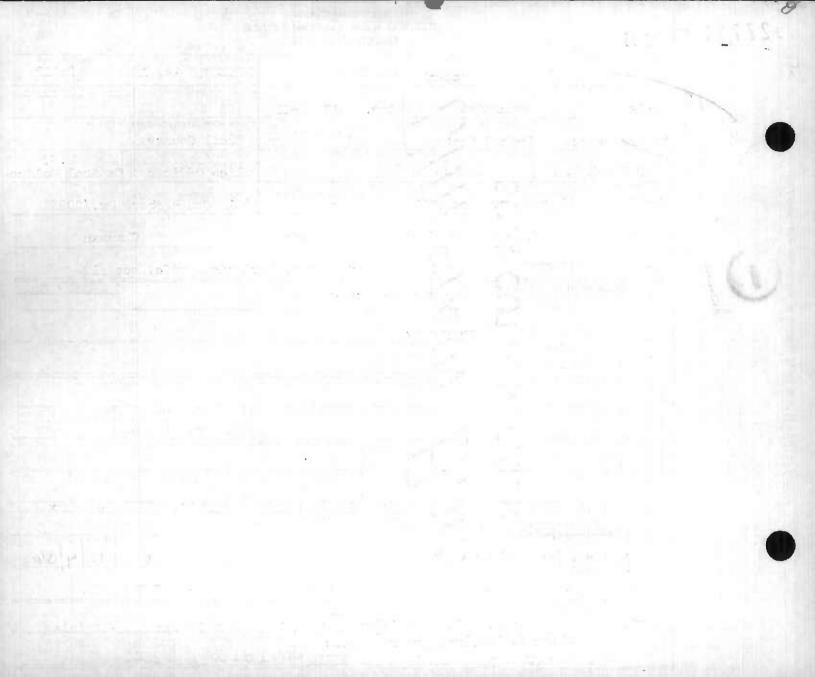
VA MEDICAL CENTER, PERRY POINT, MD.

METERY OR CREMATORY tery
On National 23d LOCATION CHARGE TOWN COUNTY
Arlington Virgi

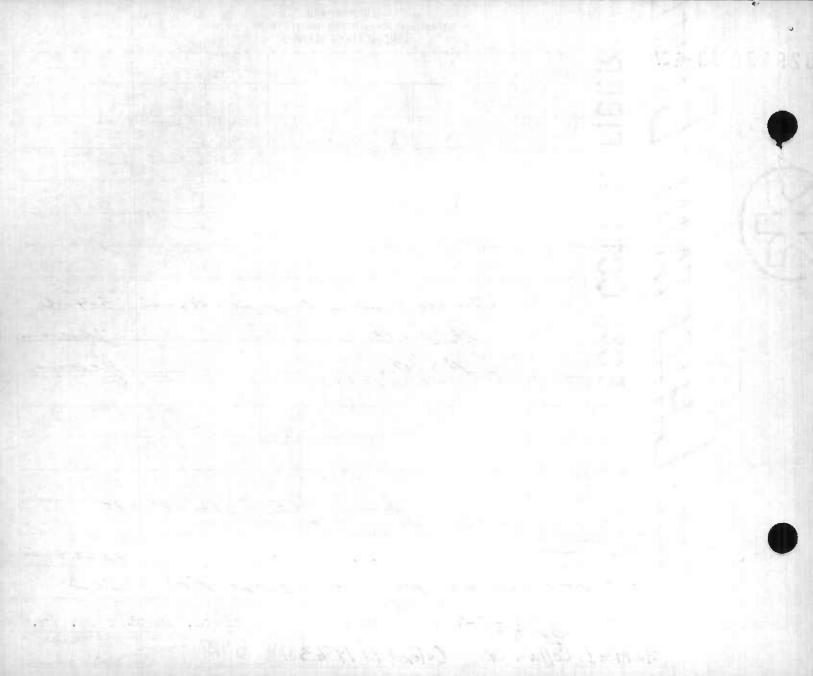
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

OUNTY STA

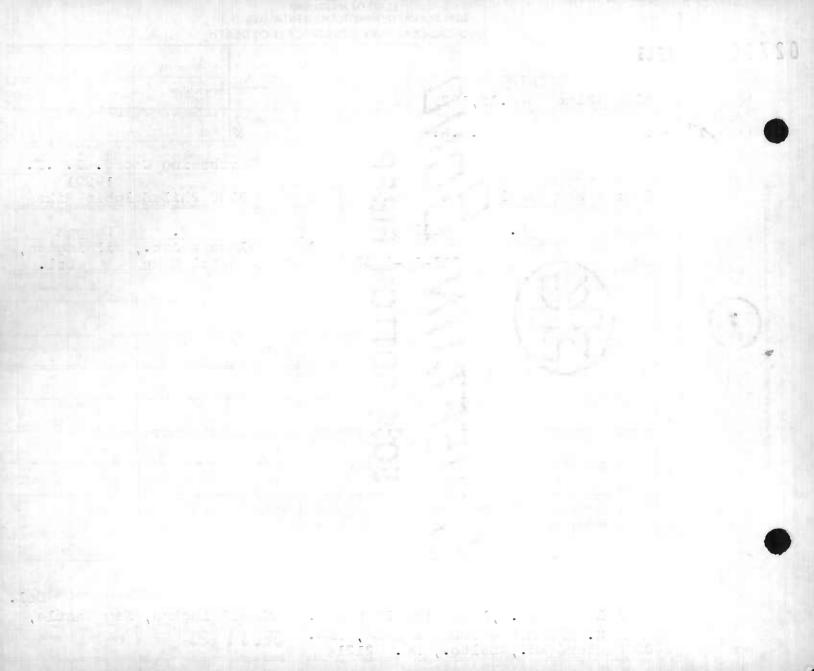
300 W. Montgomery Av., Rockville, Md. 20850 4 1 8 1986



|  | 1       | FOR<br>- STATE  | DEPART  | MENT OF                  | IE OF MARYLAND<br>HEALTH AND MENTAL HYG | IENE (5) (5)                               | 0 0                                | ć. 3 d                                      |
|--|---------|---|---|--------------------------|---|--|------------------------------------|---|
| 9438 JAN   |         | REGISTRAR ECEASED NAME FIRST                                      | MIDDLE  | CERTI                    | FICATE OF DEATH                         | REG. NO                                    |                                    | 26 HOUR                                     |
| y be-  |         | Beat  | rice A. Clanton   |                          |   | Dec. 29                                    |                                    | 8:30a.                                      |
| 4 ma   | 3 5     | Female  | 4 RACE<br>White   | MONT                     |   | 6 AGE (IN YEARS LAST BIRTI                 | MONTHS DAY                         |   |
| direct   | 70      | BIRTHPLACE (STATE OF FOREIGN                                      | 76 CITIZEN OF WHAT COUNTRY?   | 8                        | ne 13, 1892                             | 94 YRS 9 BALTIMORE CITY OF COUNTY OF DEATH |                                    |   |
| Jan 72 th  |         | COUNTRY) Minn.  | U.S.  | WIDOW                    |   | Cecil                                      |                                    |   |
| by the filled with   |         | Rising Sun  | NAME OF HOSPITAL, NURSING (IF NOT IN SUCH PACILITY, GIVE STREET CALVERT MANOR NU  | address)                 | g Home, Inc.                            | OTTO THE OF WORK FOR MOST OF HOUSEWIFE     | FWORKING LIFE) 126 KIND<br>FNDUSTR | OF BUSINESS OF                              |
| filled in bould be fi  | 5 13    | STATE   | nother institution give residence before NTY 136 CITY OR TOW  | ۸Ń                       | 13d INSIDE CITY LIMITS? YES NO X        | 13e STREET ADDRESS /                       | ZIP CODE 9                         | 4999  |
| mpletely<br>and 2 sh   | 5       | FATHER'S NAME Anthony   | MIDDLE Hansen   |                          | 15 MOTHER'S MAIDEN NAM                  |  | Sw                                 | anson                                       |
| Pages 1  | 160     | WAS DECEASED EVER IN U.S. AR<br>(YES, NO OR UNKNOWN) (IF YES, GIT | MED FORCES? 166 SOCIAL SECU<br>VE WAR OR DATES) 159-32-2  |                          | Ray Clanton,                            | Box 38, West                               |                                    | . 19390                                     |
| hysician<br>papers.<br>ovol.   |         | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE               | nly ane cause per line for (a), (b), ar   |                          | piral-                                  |  |                                    | OXIMATE INTERVAL<br>N ONSET AND DEATH       |
| res that the death or<br>little by the attending<br>allows remove configurations   | NOTACIE | CERTIFICATION   | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT | DITION GIVEN PART        | lia                                     |  |                                    |   |
| hai been no permit her |         |   | 190 DATE OF OPERATION   | 196. CONDITION FOR WHICH | OPERATIO                                | ON WAS PERFORMED                           | 20a AUTOPSY? YES NOW               | 206. IF YES, WERE FIN<br>IN CERTIFYING CAUS |
| CIAN The physics of t |         | an contration [] cutt or or                                       | HOUR A.M. MONTH D   | AY YEAR                  | 21¢ HOW INJURY OCCURE                   |  | Y IN ITEM 18 PART I OR PART 2      |   |
| G PHYSI<br>ometan<br>on the Earl<br>and Me   | MEDICAL | 216 INJURY OCCURRED  WHILE NOT WHILE AT WORK                      | 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE  |                          | 211 LOCATION<br>STREET                  | CITY OR TOV                                | NN COUNTY                          | STATE                                       |
| TENDIN<br>oital ar<br>TOR: Aft<br>or use a<br>of Health  |         | 220.1 certify that (1) (this hosp                                 | ital) attended the deceased from 19   | 论                        | and that in (my) (corr) opinion o       | to /2 · ·                                  |                                    | , that (1) (we) la                          |
| the hosp<br>the hosp<br>AL DIRECT<br>letached for<br>the Dept of   |         | 226. SIGNATURE  | It) view the body after death.  |                          | DEGREE ATTENDING PHYSICIAN              | MEDICAL STAF                               |                                    | TE SIGNED                                   |
| TO HOSPITAL etained by th TO FUNERAL should be dete with the State IMPORTANT:  |         | 226 PHYSICIAN'S NAME (TYPE OF                                     |   | no                       | 22e ADDRESS                             |  | 9.1530                             | -3  |
| ₽₽   | 230     | BURIAL, CREMATION, REMOVAL  |   |                          | rd Cem                                  | Oxford,                                    | Chester                            | Co. Pa.                                     |
| OHMH 16 60M 7/84   | 24      | FUNERAL DIRECTOR  | livs JR. POLL   | eved.                    |   | FREC'D, BY REGISTRAR                       |                                    |   |



DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECRASED NAME 20 DATE KNOWN X7 OF ESTI-DEATH MATED ANN COFFIN MARY 4. RACE 6 AGE IN YEARS IF UNDER 1 YR. DATE PRONOUNCED 12-4-86 Female White Dec.15,1929 56 YRS 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Delaware X Cecil County U.S.A. WIDOWED [ DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Union Memorial Hospital Elkton Purchasing Coord. I.P.I. JSUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 19801 TOUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Delaware New Castle 3300 Philadelphia Pike Claymont YES X NO MATHER'S NAME 15. MOTHER'S MAIDEN NAME James Gallagher Marv Langan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NFT 00 Delaware AVES, Wilmington. Doherty Funeral Home 221-18-3553 18. CAUSE OF DEATH (Enter anly one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Head and neck injury DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HPSR ASPINANTH 2444-186 driver of an auto/dump truck impact 21e PLACE OF INJURY (AT HOME IL LOCATION WHILE AT WORK Elkton, Maryland Rt. 279&545 hawy 220. I certify that I toak charge of the remains described above, held an Autopsy death resulted from: A Natural causes Suicide TITLE (SPECIFY) DATE 12-5-86 Assistant MEDICAL EXAMINER 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Dec. 9, 1986 Gracelawn Mem. Park Wilmington, New Castle, Burial ROBERTECER ALTENBURG ... FUNERAL HOME, INC. 250 DECT 1 6009 Harford Rd., Balto., Md. 21214 (VR A15 ME (51)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

|    |               | REGISTRAR   |                                 |   | CERTIF  | ICATE OF DEATH  | REG. NO                            | D.            |                      |                 |
|----|---------------|---|---------------------------------|---|---|---|------------------------------------|---------------|----------------------|-----------------|
| 1  |               | CEASED NAME FIRST   | MI                              | DDLE  | · ·   | AST   | 20 DATE OF DEATH                   | HINOM         | DAY YEAR             | 2b HOUR         |
| 11 | diam'r.       |   | seph J.                         | Collins   | SR.   |   | December 3                         | 1 19          | 86                   | 4.30A M         |
| 1  | 1. SEX        |   | 4 RACE                          | 00111110  | 5. DATE C                                       |   | 6 AGE (IN YEARS LAST BIR           |               | IF UNDER I YEAR      | IF UNDER 24 HRS |
|    |               | MALE  | WHIT                            | E   | MARC  | DAY YEAR  | 73                                 | YRS           | MONTHS DAYS          | HOURS MIN.      |
| 1  |               | IRTHPLACE (STATE OR FOREIGN   | 76. CITIZEN OF W                | HAT COUNTRY?  | 8   |   | 9 BALTIMORE CITY OR COUNTY         |               |                      |                 |
| 5  |               | CONN  | USA                             |   | WIDOWE  | D NEVER MARRIED DIVORCED  |                                    | CECIL         | COUNTY               | MD.             |
|    | 10 CI         | ITY OR TOWN OF DEATH  | 11. NAME OF HO                  | OSPITAL, NURSIN   | G HOME C  | OR OTHER INSTITUTION  | 120 USUAL OCCUPATI                 | ON            | 126 KIND C           | OF BUSINESS OR  |
| 3  | F             | PERRY POINT   |                                 | POINT VETE  |   | MEDICAL CENTER  | (RET) QUALITY                      |               |                      | GOVT.           |
|    | HSUA          | AL RESIDENCE (IF NURSING HOME O   | ROTHER INSTITUTION, G           | IVE RESIDENCE BEFORE  | ADMISSION)                                      | The second second   |                                    |               |                      |                 |
| S  | 130. 3        |   | FORD                            | BEL AIR   | N   | YES (X) NO [  | 320 HARLAN S                       |               | t                    | 21014           |
| 20 | 14. FA        | ATHER'S NAME FIRST TIMOTHY  | MIDDLE J.                       | COLLIN  | NS  | 15. MOTHER'S MAIDEN NAME FIRST CATHERINE                                | ME                                 |               | KELI                 | LEHER           |
| )  |               | VAS DECEASED EVER IN U.S. AF<br>YES, NO OR UNKNOWN) (IF YES, GI   | VE WAR OR DATES)                | 042 14 97   |   | VAMC, Perry   | ELIZABETH COL<br>Point, Mary       | LINS          | SAME AS              | #13e)           |
|    | CERTIFICATION | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2: OTHER SIGNIFICANT | DUE TO, OR  (c)  CONDITIONS CON | AS A CONSEOUE Arterios  AS A CONSEOUE Insulin  ONTRIBUTING TO D | NCE OF<br>Clero<br>NCE OF<br>lepen<br>DEATH BUT | tic cardio-vas<br>dent - Diabete  | es Mellitus                        | DITION GI     | VEN IN PART III      |                 |
| 1  | TIFIC         |   |                                 |   |   |   | YES NO                             |               | FÝING CAUSES<br>ES 📋 | OF DEATH?       |
| 7  | MEDICAL CER   | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE SE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED           | HOUR A.M                        | I. MONTH DA<br>I.   | YEAR  | 21c. HOW INJURY OCCURR  | RED (ENTER NATURE OF INJUI         | RY IN ITEM 18 | PART 1 OR PART 2)    |                 |
| 1  | ME            | WHILE NOT WHILE AT WORK   |                                 | ET, FACTORY, OFFICE, FA   | ARM, ETC )                                      | STREET  | CITY OR TO                         | WN            | COUNTY               | STATE           |
|    |               | 22a. I certify that (Kithis hosp saw the deceased alive or obove, (Kiwe) (did) (ATIN) 22b. SIGNATURE                      | 12-                             | -31- 19 8   | 36, 01  | 3-21- 19 85 and that in XXX (our) opinion of DEGREE ATTENDING PHYSICIAN |                                    | ote and ha    | 22c. DATE            |                 |
| T  | 10            | 224. PHYSICIAN'S NAME (TYPE   | OR PRINT)                       | 2   |   | 22e. ADDRESS  | 3                                  | CAU           | 14.                  | 31-00           |
|    |               | PREM LAL,   | M.D.                            |   |   | VAMC, Perry   |                                    | land          |                      |                 |
|    |               | BURIAL, CREMATION, REMOVAL<br>(SPECIFY) BURIAL  | 236. DATE  3JANUARY             |   |   | EMETERY OR CREMATORY R MEMORIAL GARDEN                                  | 23d LOCATION CITY OR TOWN BEL AIR, | HARFOR        | RD CO., M            | ARYLAND         |

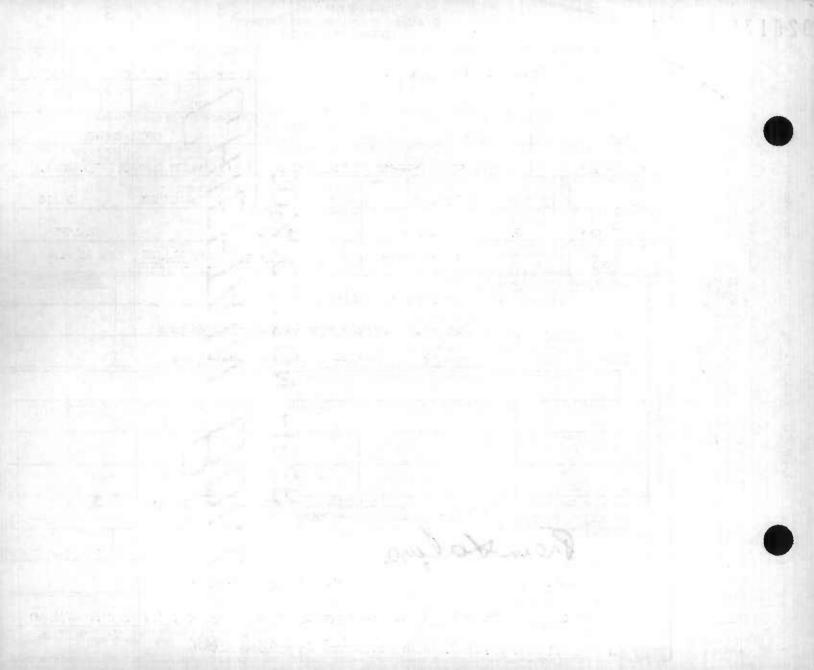
DHMH - 16 60M 7/84

BP.

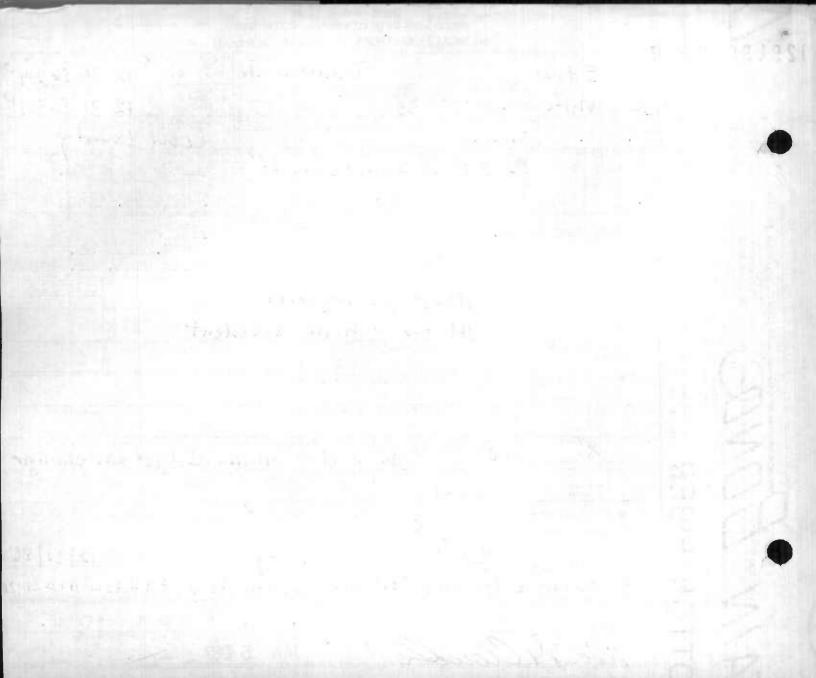
IMPORTANT: If them 21 is marked at them 18 shows any

(VRA 15, 4)

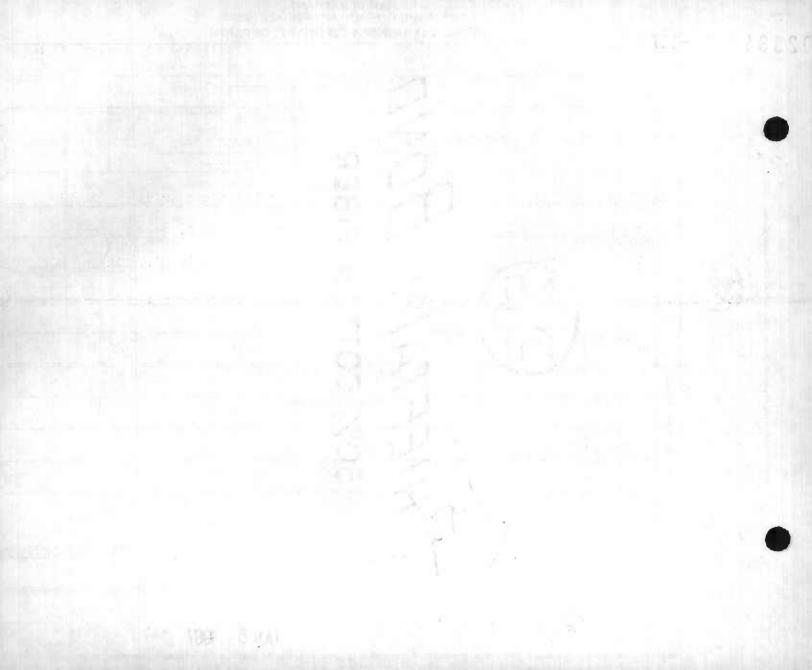
Mitchell Funeral Home, 123 S. Wash St., Havre de Grane Md987



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DEGLASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS DATE BIRTHDAY PRONOUNCED MONTHS Jun. DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DE MARRIED NEVER MARRIED Wilm. Del. U.S.A WIDOWED DIVORCED IN NAME OF HOSPITAL NURSING HOME OR OTHER OR INDUSTRY Waller Ind. Dry Cecil North East 306 N. Main St. 21901 YES TX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Edgar Damron Sr. Shirley Atwell 306ADNRESS Main T. PAGES 1 DIVISION C 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NO NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-60-6065 Carol Damron North East. Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Vehicle accident Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE O lying couse last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOX YES [] 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 211 LOCATION 214 INJURY OCCURRED AT WORK AT WHILE STREET CITY OR TOWN COUNTY STATE 030 EXECUTE THE SET OF PAGE 4 SHOULD BE FORM.
TO FUNERAL DIRECTOR: PAGE SEATH WITH THE ST.
ATTER DEATH WITH THE ST.
ATTER DEATH WITH THE ST. Inspection 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion Accident death resulted fram: Suicide Natural causes Homicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME JU 2M (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 1-3-86 North East Meth. North East Cem. Cecil 25a. DATE REC'D. BY REGISTRAR Home North East. Md. 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 20M 4/B2



| +A                                    |   |               | FOR                         |  |                           | DEPART                |                    |               | RYLAND                  | HYCIENE      | 6                      | 3 5            | 2 3          | 7             |
|---------------------------------------|---|---------------|-----------------------------|--|---------------------------|-----------------------|--------------------|---------------|-------------------------|--------------|------------------------|----------------|--------------|---------------|
| 10                                    | - 17.55   | 1-            | STATE                       |  | M                         |                       |                    |               | RTIFICATE               |              | н                      |                |              | 1000          |
| 2934                                  | 5 JAN -   |               | REGISTRAR<br>CEASED NAME    | FIRS   |                           | MIDDLE                | EXAMINE            | LA J CE       |                         |              | DATE KNOWN             |                | DAY YEAR     | 2b. HOUR      |
| ш.                                    |   |               | EOR PRINT)                  |  |                           | D-1                   |                    | D.            |                         |              | OF ESTI-               |                |              |               |
| EAS<br>S                              | SESTE   | 3. SE)        |                             | HOW<br>4. RACE   | 5. DATE OF BIRT           | Edwa                  | 6 AGE (IN YEAR     |               | ER 1 YR. TIF UNDE       |              |                        | 12<br>MONTH    | / 21/9 8     | 711           |
| F 7                                   | STR   | 3 367         |                             | T. RACL  | MONTH DAY                 | YEAR                  | LAST BIRTHDAY      | MONTHS        |                         |              | ONOUNCED               |                |              | 3:06          |
| ARY                                   | 525<br>525  |               | ale                         | White  |                           | 4,1955                |                    | 5.            |                         |              | DEAD                   |                | 21/ 186      | Ам            |
| ERA                                   | A E W   | 7a BI         | RTHPLACE (ST                | ATE OR   | 76. CITIZEN OF            | VHAT COUN             | VTRY?              | MARRIED       | NEVER MARE              | RIED IX 4.   | BALTIMORE CIT          | Y OR COUN      | NTY OF DEATH |               |
| S S S S S S S S S S S S S S S S S S S | S FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,                               | Pe            | nnsylva                     | nia  | U.S.A                     |                       |                    | WIDOWED       |                         |              | Cecil Co               |                |              | MD.           |
| 2 2 2                                 | Mage /  | 10. CI        | TY OR TOWN                  | OF DEATH   | 11. NAME OF HO            |                       |                    | OR OTHER      | INSTITUTION             |              | LOCCUPATION (          | TYPE OF WORK   | OR INDUS     |               |
| 30 30                                 | 200/  | N.            | Elkt                        |  | Union                     | Hospit                | al of C            | Cecil         | County                  | Stud         | lent                   |                |              |               |
| 5 o o o o o                           | A SES   | USUA<br>130 S |                             |  | OME OR OTHER INSTITUTION, | GIVE RESIDENCE        | E BEFORE ADMISSION | N) .          | Id: INSIDE CITY LIMITS? | 13e STREE    | T ADDRESS              |                |              |               |
| AN AN                                 | 野の歌り  |               | arvland                     | 130. C.  | Cecil                     |                       | kton               |               |                         |              | ista Dri               | ve             | 21921        |               |
| , MO.                                 | 2000  | 14 F/         | THER'S NAME                 |  |                           |                       |                    | i             | S. MOTHER'S MAID        |              |                        |                |              |               |
| # K K K                               | % // )  |               | Joseph                      |  | E.                        |                       | Dill               |               | Darlys                  |              | J.                     |                | Logan        |               |
| N N N                                 | 9-7   | 16a. V        | VAS DECEASED                | EVER IN U.S  | ARMED FORCES?             | 16b. 5O               | CIAL SECURITY      | NO. 17        | INFORMANT               |              | ADDRE                  | ESS            | Logan        | -             |
| BALTIMORE<br>S AFTER DEA              | See /   | (Y            | ES, NO, OR UNKNO<br>Yes     | MNI (IF YES,   | GIVE WAR OR DATES)        | 215                   | 68 471             | 5 D           | arlys Dil               | 1 66 M       | taala na               | ומ ו           | let on M     | 2 21021       |
| 2 50                                  | 631   |               |                             |  | er only one cause per li  |                       |                    | LJ Ho         | TIYS DIL                | 1,00 M       | raare ka               | ·              |              | ATE INTERVAL  |
| # 8£                                  | 15th  |               | PARTIDE                     | ATH WAS CA   | USED BY:                  | se for (o), (b        |                    | 7.77          |                         | + 5-21       |                        |                | BETWEENON    | SET AND DEATH |
| 0 N                                   | 6 F 5 5   | 7             | 1925                        | G IMME   | DIATE CAUSE (o)           | PASACO                | VSEQUENCE O        |               | tive Hear               | t Fall       | ture                   |                |              |               |
| PRESTON ST<br>THIN 24 HO              | NIEW  |               | Condition                   | s, if any, w   |                           | K AS A COI            |                    |               |                         |              |                        |                |              |               |
| A GOV                                 | RAP<br>RAP<br>R R   |               | gave ris                    | e to immed<br>stating the un   | liate (b)                 | D 16 1 601            |                    |               | Valvulop                | athy         |                        |                |              |               |
| M 98                                  | 3787  |               | lying cou                   |  | DUE TO, C                 | K AS A COI            | NSEOUENCE OF       | F             |                         |              |                        |                |              |               |
| 2 9                                   | #505<br>#505  | 1             |                             |  | (c)                       |                       |                    |               |                         |              |                        |                |              |               |
| B 33                                  | WEDICAL E<br>AS A BURI<br>ALTH AND<br>CREMATIO                                  | 7             | PART 2 OTHER SH             | NIFICANT CONOIL  | IONS CONTRIBUTING TO DEAT | N BUT NOT REL.        | ATEO 10 THE TERMIN | NAL DISEASE D | R CONDITION GIVEN IN P  | ART 1 to .   |                        |                |              |               |
| BCC<br>SND                            | SAR -   | 01            | Remo                        | te cer   | vical trau                |                       | th quadi           |               |                         |              |                        |                |              |               |
| A 200                                 | PERTY /   | CA            | 190. DATE OF                | OPERATION  | 196. CON                  | ITION FOR             | WHICH OPERA        | ATION WAS     | 5 PERFORMED?            |              |                        |                | 20 AUTOPS    | Y?            |
| 1 30                                  | 2552 T  | CERTIFICATION |                             |  |                           |                       |                    |               |                         |              |                        |                | YES X        | NO 🗌          |
| A PE                                  | DED TO THE CHIEF A E 3 SHOULD BE USED. E DEPARTMENT OF HE OI PRIOR TO BURIAL, C |               | 210 EXTERNA                 | -  |                           | OF INJURY<br>M. MONTH | DAY YEAR           | 21t. HOV      | V INJURY OCCURR         | ED (ENTERNAT | TURE OF INJURY IN ITEM | 18 PART I OR P | 'ART 2)      |               |
| NO SE                                 | 2555  | MEDICAL       | CONTRIBUTION                | IG CAUSE   |                           |                       | 19                 |               |                         |              |                        |                |              |               |
| VISE VISE                             | 989   | 9             | 21d. INJURY C               | CCURRED  | 21e PLACI                 | OF INJURY             |                    | 21f. LOCA     |                         |              | CITY OR TOWN           |                | OUNTY        | STATE         |
| A SH                                  | AARD O  | -             | AT WORK                     | NOT WHILE<br>AT WORK   |                           | 1                     |                    |               |                         |              | on town                |                | 00111        | STATE         |
| 25                                    | A STAN  |               | 220 1 corts                 | u shas I saak c  | harge of the remain       | our affined obs       | neld an            | Autopsy       | X Inspection            |              | Inquiry []             | and in my o    |              |               |
| NA CANADA                             | FOESO.  |               | death resulte               |  | Vatural causer XIC        | 10                    | A. Suic            | 10            | Homicide .              |              | nined monner           |                | pinion       |               |
| 35                                    | marke/9   | 1             | deam resource               | d 110111: (-   | Valorat costs             | 10                    | 1. 3010            | .109          | TITLE (SPECIFY)         | Undetern     | ninea monner           | ٦,             |              |               |
| 20                                    | 2073  | 100           | ACTUAL                      |  | ./                        | 17                    |                    | 1             | TITLE (SPECIFT)         |              |                        | DATE           | 12/2         | /86           |
| 21                                    | CE 4 SHOU   |               | SIGNATURE_                  |  | /                         | / 1                   |                    | M.D           |                         | MEDIC        | AL EXAMINER            | SIGN           | JED          | ., 00         |
| WED                                   | #2W27   |               | EXAMINER'S<br>(TYPE OR PRIN |  |                           |                       |                    | A.F           | DDEEC                   |              |                        |                |              |               |
| 22                                    | BARO  | 23a B         | URIAL, CREMA                |  | AL 235 DATE               | 173,                  | NAME OF CEMI       |               | ODRESS                  | 23d LOC      | ATION                  |                |              |               |
|                                       | 17012000  | (3            | Bur                         |  | 12/26/86                  |                       | ion Cem            |               |                         | Uni          |                        | Ceci           |              | STATE         |
| 07/B4 BP<br>25M                       |   | 24. FI        | UNERAL DIREC                | and the same of th | 26/1                      | 2 fil                 | h                  | CCLY          | 25a. DATE               |              |                        |                |              | 1.0           |
| _                                     | HMH - 17<br>A15 ME (5))   |               | MAHicks                     |  | or Funeral                | 8,                    | Elkton             | , Md.         | JA                      | N 5          | 1987 8                 | ha Dec         | SIGNATURE    | 0.2           |
| (VK                                   | A 13 IVIE (3))  |               |                             |  |                           |                       |                    |               |                         |              |                        |                |              |               |



Moseley APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h JE YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE 19.86 \_19<u>\_\_86\_\_</u>, and that in (my) (aur) apinian death accurred an the date and hour and from the couses stated 226. SIGNATURE DEGREE 23 DATE AIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 728 PHYSICIAN'S NAME LITYPE OR PRINTE 22e ADDRESS DOUGDAS PR LAWLER PERRY POINT VA MEDICAL CENTER 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Ft. Lincoln Cemetery Brentwood BP. 2-8-86 Burial 24. FUNERAL DIRECTOR 25e. DATE RE ACGISTRAR 26. REGISTRAK S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4) Casch's Funeral Home Hyattsville

STATE OF MARYLAND

2h HOUR

12b. KIND OF BUSINESS OR

II.S. Govern.

10:30Pm IF UNDER 24 HRS

1986

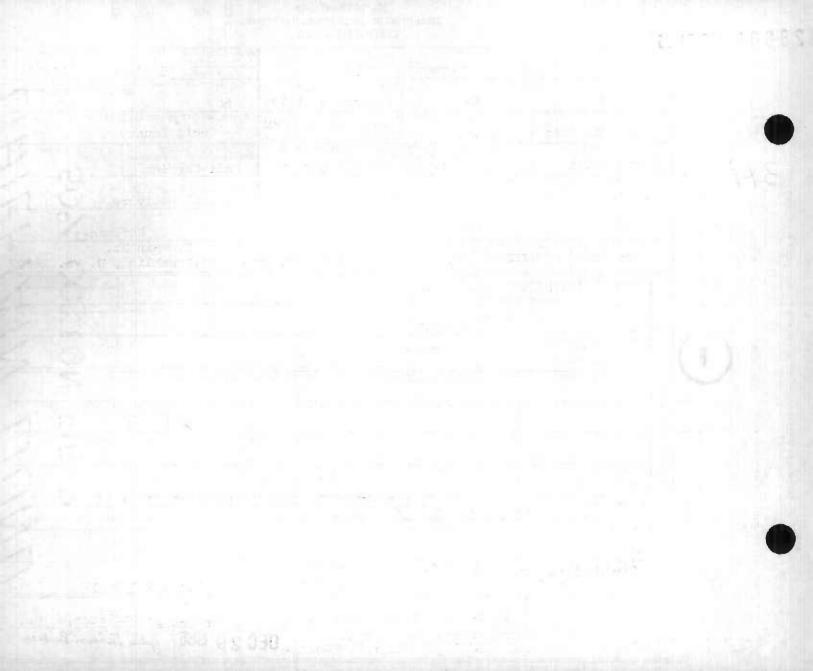
IF UNDER I YEAR

INDUSTRY

20737

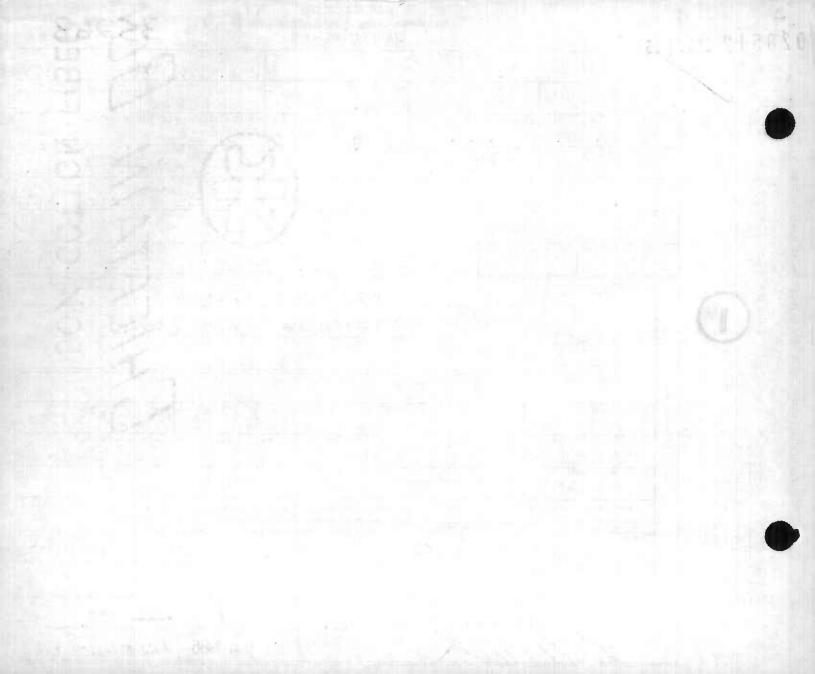


STATE OF MARYLAND



| 028705 DE  | 40            | FOR   |                      | DEPARTME             | STATE OF<br>NT OF HEALT |                   |                        | NE O                              | 3 5                 | 2 6                          | 4         |
|--|---------------|---|----------------------|----------------------|-------------------------|-------------------|------------------------|-----------------------------------|---------------------|------------------------------|-----------|
| 0000   |               | REGISTRAR   | MEI                  | DICAL EX             | AMINER'S                | CERTIFIC          | CATE OF DE             | ATH REG.                          | NO.                 |                              |           |
|  | 1. DE         | CEASED NAME FIRST   | . 1                  | MIDDLE               | F                       | ZVOU.             | son                    | 20. DATE KNOWN<br>OF ESTI-        | <b>_</b>            | A O                          | 2b. HOUR  |
| LEAS<br>TOR<br>OUR!  | i. SEX        | nery  | DATE OF BIRTH        | <b>9</b> .           | GE IN YEARS IF L        |                   | IF UNDER-24 HRS.       | DEATH MATED                       | 12 month            | 101986<br>DAY YEAR           | 1:23 M    |
| N SZZR   | F             | emale White "   | DATE OF BIRTH        | 967                  | AST BIRTHDAY) MO        | THS DAYS          | HOURS MIN.             | PRONOUNCED<br>DEAD                | 12 :                | 20,086                       | 2:40 P    |
| A SERVE  | 7a B          | IRTHPLACE (STATE OR 7b.   | CITIZEN OF WH        | AT COUNTRY           | ? 8 MAF                 | RIED NE           | VER MARRIED X          | 9. BALTIMORE CIT                  | OR COUNTY           |                              |           |
| - 15 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1   | 4             | NEW YORK  | USA                  | ALSOLINA LATED       | WIDO                    | WED [_]           | DIVORCED L             | CLC SUAL OCCUPATION (             | il Cou              | KIND OF BU                   | MD.       |
| A STATE OF THE STA   |               | ELKTON  | 1 95 0.              | S mi A               | Porth of 1              | ND Rt             | 272 ST                 | JDENT                             | E E                 | OR INDUST                    | ŎN        |
| 2130)<br>REPAIR<br>RECORDED  | 3a S          | AL RESIDENCE (IF IN NURSING HOME OR OTI<br>TATE<br>EW JERSEY UNION            | HER INSTITUTION, GIV | 13c CITY OR<br>PARSI | TOWN PPANY              | 13d. INSIDE (1    | 130 ST                 | REET ADDRESS<br>N. BEVER          | WYCK RD.            | (0705                        | 45        |
| R. MD  | 7             | ATHER'S NAME WALLACE  | IDDLE                | FERG                 | USON                    |                   | EILA                   | E MIDDLE                          | ROT                 | CHĽÁNDE                      | R         |
| THAO DAYS  | 160 V         | WAS DECEASED EVER IN U.S. ARMED   |                      |                      | SECURITY NO.            | 17. INFORA        |                        |                                   | ss MAPLEV           |                              | N.J       |
| PAGE PAGE  |               | NO  |                      |                      | 6-5727                  | BERN              | HEIM-APTI              | R GOLDSTI                         | CKER CHA            | 1                            |           |
| HOUS<br>W. 18.<br>W. W. W. T.<br>N.E. D.   | _             | 18 CAUSE OF DEATH (Enter only or<br>PART I DEATH WAS CAUSED BY<br>IMMEDIATE C | . /1                 | 1 0 1 + i            | sle i                   | niuri             | es                     | 0                                 |                     | APPROXIMATE<br>BETWEEN ONSET | AND DEATH |
| N 24<br>N 176<br>N N N N N N N N N N N N N N N N N N N | /             | 0134  |                      | AS A CONSEC          |                         | 3                 |                        | 1                                 |                     |                              |           |
| W. PR<br>WITH<br>WINER<br>WINER<br>WINER<br>WINER<br>OF REA  | -             | Canditians, if any, which gave rise to immediate                              | (b)                  | lotor                |                         | cle d             | caiden                 | <i>t</i>                          |                     |                              |           |
| UTED VIEW IN PEL   |               | cause (a) stating the <u>under-</u><br>lying cause last.                      | DUE TO, OR           | AS A CONSEC          | QUENCE OF               |                   |                        |                                   |                     |                              |           |
| VITAL RECORDS, 201 W. PRESTO<br>SHOULD BE EXECUTED WITHIN S<br>ORD "PENDING" IN PENCIL IN IN<br>CHIEF AKDICAL EXAMINER AND<br>BE USED ASA BURIAL-TRANSIT<br>V, OF HEALTH AND MENTAL HIG<br>SURIAL, CREMATION, OR REMOVE  | z             | PART 2 DINER SIGNIFICANT CONDITIONS CONT                                      | RIBUTING TO DEATH I  | BUT NOT RELATED 1    | D THE TERMINAL DISE     | ASE OR CONDITION  | N GIVEN IN PART 1 (a). |                                   |                     |                              |           |
| HOULD BE EN HOULD BE EN HER MEDIC WEED AS A LONG THE MEDIC OF HEALTH RIALL CREM  | CERTIFICATION | 190. DATE OF OPERATION  | 19b. CONDIT          | ION FOR WHI          | CH OPERATION            | WAS PERFOR        | MED?                   |                                   |                     | 20 AUTOPSY?                  |           |
| E SHOWN ON   | ERTIFI        | 210. EXTERNAL CAUSE WAS   | 21b. TIME OF         | INTURY               | 214                     | HOW IN ILIBY      | OCCUPPED ISSUES        | NATURE OF INJURY IN ITEM          | 18 BARY 1 OR BARY 2 | YES 🗌                        | NO.X      |
| ON O<br>FIFCAT<br>TO THE VOULD   |               | UNDERLYING OR CONTRIBUTING CAUSE OF DEA                                       | HOUR A.M             | MONTH DA             | Y YEAR                  | hud 1             | brown 10               | tof car.                          | that hi             | + avan                       | rdvail    |
| VIST TERT  | MEDICAL       | 21d INJURY OCCURRED   | 21e PLACE C          | OF INJURY IA         |                         | OCATION<br>STREET |                        | CITY OR TOWN                      | COUNT               | 0                            | STATE     |
| PAGE<br>STATE  |               | AT WORK AT WORK   | High                 | way                  |                         |                   | ~/                     |                                   |                     |                              |           |
| TO TO THE STATE OF   | V             | 220. I certify that I taak charge af death resulted fram: Natural co          |                      | Accident X           |                         |                   | Inspection .           |                                   | and in my apinio    | an                           |           |
| ANTI- BENEFICE BENEFI   | 1             | (   | auses [],            | P.                   | , Suicide L             | 」, Hamic          |                        | termined manner                   | 1.                  | 010.                         | 120       |
| DDICAL<br>TETHECAL<br>NOBEL<br>NOBEL   | 1             | ACTUAL<br>SIGNATURE   | 1K                   | DM.                  |                         | M.D. De           | puty MET               | DICAL EXAMINER                    | DATE<br>SIGNED_     | スノス・                         | 186       |
| **************************************   |               | EXAMINER'S NAME VAN   | Gon                  | zdez-v               | litale 1                | ADDRESS L         |                        | -1-1-                             | ton, m              | 0 210                        | 121       |
| 999999   |               |   | /22/86               |                      | SOLOMON                 | CEM               | CI                     | OCATION<br>YOR TOWN<br>LIFTON, N. |                     | ST                           | ATE       |
| DHMH 17  | 1             | UNERAL DIRECTOR SOL LEV   |                      |                      |                         |                   | OFC 3 C                | 1986 Jul                          | GISTRAR'S SIGN      | VATURE                       | A .       |
| (VR A15 ME (5) )<br>15M 2/80   | 6             | 010 REISTERSTOWN  | RD. BAL              | rimore.              | , MD. (21               | 215)              | DLU U                  | gai                               | - Davida,           |                              |           |

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20

orkeder

MPORTANT

CERTIFICATION

MEDICAL

STATE OF MARYLAND

DEPARTM

|             |                                | REG. NO.   |   |
|-------------|--------------------------------|--|---|
| L           | AST                            | 20 DATE OF DEATH MONTH                                   | DAY YEAR 26. HOUR                               |
| F           | rench                          | Dec.   | 2 1986 20:5pm                                   |
| S. DATE C   |                                | 6. AGE (IN YEARS LAST BIRTHDAY)                          | IF UNDER 1 YEAR IF UNDER 24 HRS                 |
| Marc        |                                | 85 YR  | MONTHS DATS HOURS MIN.                          |
| 8<br>MARRIE | D NEVER MARRIED                | 9 BALTIMORE CITY OR COU                                  |   |
| WIDOWE      | - 4.1                          | Cecil County   | M   |
| DORESS)     | OR OTHER INSTITUTION           | 120 USUAL OCCUPATION<br>(TYPE OF WORK FOR MOST OF WORKIN | 126 KIND OF BUSINESS OR                         |
| E Cec       | il County                      | Farmer   |   |
| DMISSION)   | 13d INSIDE CITY LIMITS? YES NO | 13e STREET ADDRESS / ZIP CO                              |   |
|             | 15 MOTHER'S MAIDEN NA.         | ME   | LAST  |
|             | Elizabeth                      |  | Morehead  |
| ITY NO.     | 17 INFORMANT                   | ADDRESS  |   |
| 537         | Mrs. Stella                    | F. Davis, 302 L  | anding La., Elkto                               |
| IC.         |                                |  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
| متعدرم      |                                |  |   |
| AL Z        |                                |  |   |
| ICE OF      | Brui Sta                       | udna   |   |
|             |                                |  |   |

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS 90 DATE OF OPERATION 19h CONDITION FOR WHICH IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) this haspital) attended the deceased from sow the deceased olive on obove (1) (we) (did (did not view the body ofter death 22b. SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22c. DATE SIGNED

STATE

STATE

W. Va.

COUNTY

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

Dr. Jui-Chin Hsu,

OR CONTRIBUTING CAUSE OF DEATH

M.D.

12/6/86

HOUR A.M. MONTH DAY YEAR

23c. NAME OF CEMETERY OR CREMATORY

211 LOCATION

21921 223 W. Main St., Elkton, Md. 236 LOCATION CITY OR TOWN COUNTY

Mercer Co.

Burial 24 FUNERAL DIRECTOR

(SPECIFY)

230 BURIAL, CREMATION, REMOVAL

FOR

Male

COUNTRY Virginia

Elkton

Maryland

No

4 FATHER'S NAME

John

(YES, NO OR UNKNOWN)

TO BIRTHPLACE (STATE OR FOREIGN

O CITY OR TOWN OF DEATH

Frazier

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE 1136 COUNTY

MIDDLE

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH lEnter only one couse per line for lo , (b), and PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (0

Ceci 1

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Caucasian

U.S.A.

76 CITIZEN OF WHAT COUNTRY?

11. NAME OF HOSPITAL NURSIN

Union Hospital o

(IF NOT IN SUCH FACILITY, GIVE STREET A

13c. CITY OR TOWN

166 SOCIAL SECUI

235 16

Elkton

LAST

French

- STATE REGISTRAR DECLASEDNAME

3 SEX

Hicks Home for Funerals

Elgood Cemetery Elkton, Md.

DEGREE

M1)

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

CITY OF TOWN

our) opinion death accurred on the date and have and from the causes stated

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

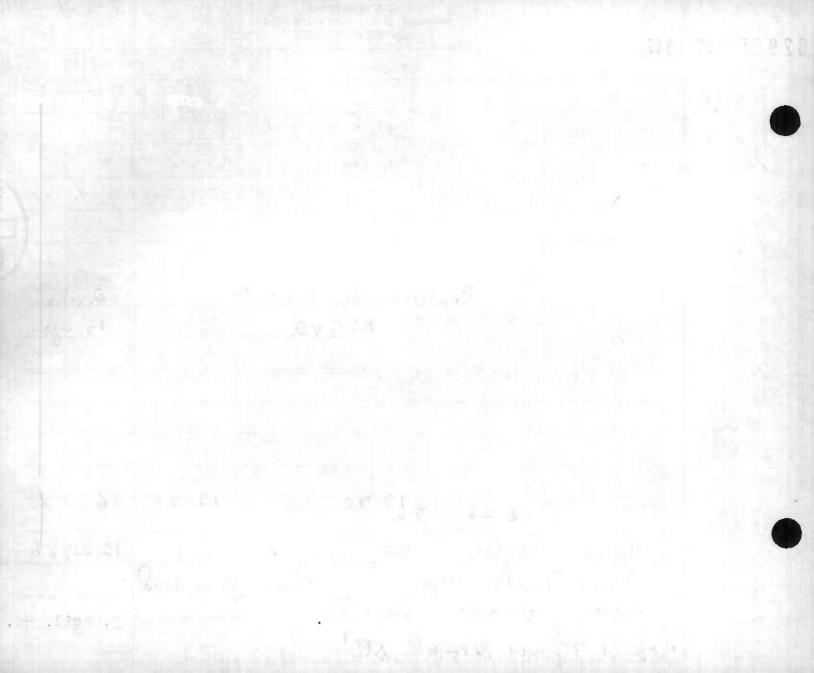
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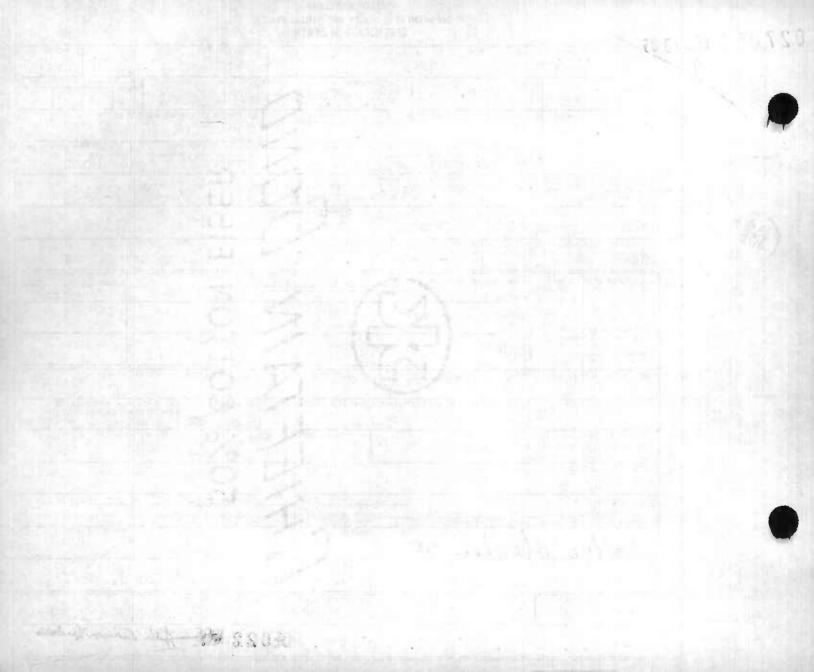
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

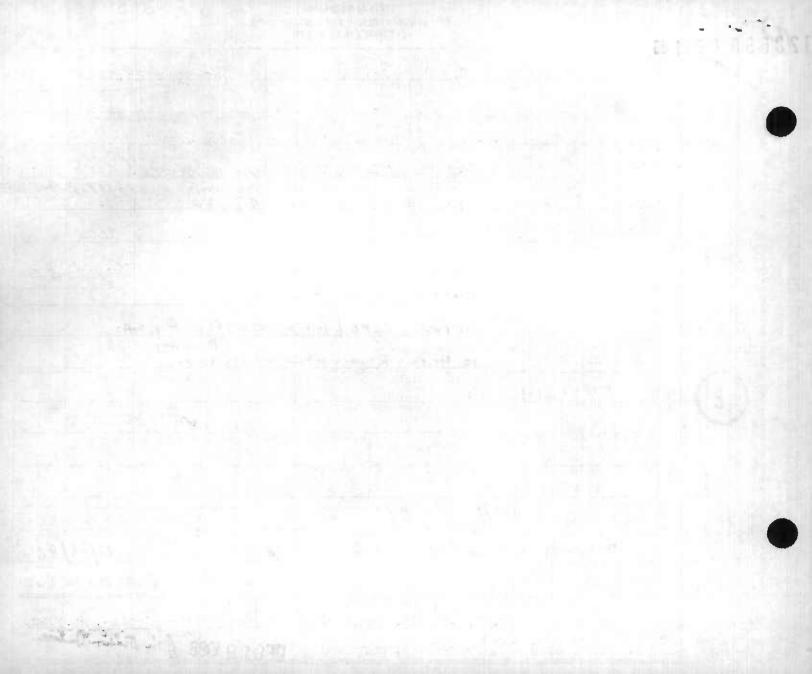
|  | 1.            | FOR<br>STATE<br>REGISTRAR                                       | DEPA   | RTMENT OF HEALTH AND MENTAL HYC<br>CERTIFICATE OF DEATH |   |   |
|--|---------------|---|--|---|---|---|
|  | I DE          | CEASED NAME FIRST   | MIDDLE   | LAST.   | REG. NO.                                  | PAY YEAR 26. HOUR                               |
| 2 9 5 th ( 5 JAN -8  |               | OR PRINTS KATIE   |  |   | DEC. 28, 19                               | 86  |
| a bo   | 3. SE         | X   | 4 RACE   | 5. DATE OF BIRTH  |   | IF UNDER TYEAR IF UNDER 24 HRS                  |
| rector<br>urs of   |               | remale  | NEGRO  | APR 4" 1896   | 90 yrs                                    | ONTHS DAYS HOURS MIN.                           |
| 5 00 3 V   |               | RTHPLACE (STATE OR FOREIGN                                      | 76. CITIZEN OF WHAT COUNT                              | RY? 8. MARRIED NEVER MARRIED                            | 9. BALTIMORE CITY OR COUNTY               | OF DEATH  |
|  | M             | ARYLAND   | USA  | WIDOWED DIVORCED  | CECIL                                     | MD  |
| 1 1/17   | 10. CI        | TY OR OWN OF DEATH  | 11. NAME OF HOSPITAL, NU                               | RSING HOME OR OTHER INSTITUTION                         | 170 USUAL OCCUPATION                      | 176. KIND OF BUSINESS OR                        |
| 100  | El            | -KTON   | UNION HOS  | SPITAL OF CECIL CI                                      | Housewook                                 | DOMESTIC  |
| NND 21   | 13a S         | AL RESIDENCE IN NURSING HOME OF                                 | TY 13c. CITY OR 1                                      |   | 130 STREET ADDRESS / ZIP CODE             | RB1912  |
| 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15   | 14. F#        | THER'S NAME   |  | 15 MOTHER'S MAIDEN NA                                   |   |   |
| MAR MAR  | -             | JOHN  | BRISCO   | E SR HENRIE   | TA MODIE                                  | MITH  |
| IMORE, nond co Poges 1   |               | VAS DECEASED EVER IN U.S. AR<br>YES, NO ORUNKNOWN) (18 YES, GIV | E WAR OR DATES)  | 0-922 TROSE BRIS  | ADOPHILA<br>SCOE 3836                     | PA 19104<br>ASDEN ST                            |
| ALT<br>icio<br>pers.   |               | IL CALISE OF DEATH (Enter on                                    | ly one couse per line for (a), (b                      | Landier La  | CONT                                      | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
| poppent, base  |               | PART I. DEATH WAS CAUSE   | D BY:  |   |   |   |
| ng p<br>bon<br>ren   |               | IMMEDIA   | E CAUSE (o)  | commence have con                                       | apre                                      | Minules   |
| PRESTON he death cr me offendin motion, or r froumatic   |               | METALLED VALUE OF THE   | DUE TO, OR AS A CONSE                                  | QUENCE OF   |   |   |
| EST<br>deo<br>ove<br>filon   |               | Conditions, if ony, which                                       | ( (b) Cono   | estive Heart Faile                                      | ul  | Days  |
| Per p  |               | gove rise to immediate couse (a), stating the                   | DUE TO, OR AS A CONSE                                  | OUENCE OF   |   | 0.1   |
| thot<br>thot<br>d by<br>eose<br>ol, cre  |               | underlying couse lost   | (c) Ag   | e and ASCVA   |   | montel.   |
| 2 2 2 2 2  |               | PART 2 OTHER SIGNIFICANT O                                      | ONDITIONS CONTRIBUTING                                 | TO DEATH BUT NOT RELATED TO THE TERM                    | AINAL DISEASE OR CONDITION GIVE           | N IN PART Ito                                   |
| SDS sed of   | NO NO         | Pulme   | mary TR  |   |   |   |
| ECO Dee  | AT            | 190 DATE OF OPERATION   |  | IICH OPERATION WAS PERFORMED                            | 20a AUTOPSY? 20b. IF YES,                 | , WERE FINDINGS USED                            |
| 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  | CERTIFICATION |   |  |   | YES NOW YES                               | ING CAUSES OF DEATH?                            |
| IAN, Tiphysica of Hygin  | OK I          | 21a. ACCIDENT WAS UNDERLYING                                    | 216. TIME OF INJURY                                    | 21c HOW INJURY OCCUR                                    | RED (ENTER NATURE OF INJURY IN ITEM 18 PA |   |
| Pry Physical Pry Physical Pry Physical Pry Physical Physi |               | OR CONTRIBUTING CAUSE OF DEA                                    |  | DAY YEAR  |   |   |
| ON O<br>IYSIO<br>ding<br>is cer<br>burio<br>Ment   | S             | (IF EITHER, NOTIFY MEDICAL EXAMINER 714 INJURY OCCURRED         |  | 19  |   |   |
| PH)  | MEDICAL       |   | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFF | ICE, FARM, ETC.)  211 LOCATION STREET                   | CITY OR TOWN                              | COUNTY STATE                                    |
| NG OH  |               | AT WORK AT WORK   |  |   |   |   |
| S de of s  |               | 22a I certify that (I) (this happy                              |  |   | 10 98 1100 1                              | 9 %6 that (1)-(we) lost                         |
| TTE<br>of for  |               | sow the deceased alive on                                       | 1) view the body ofter death.                          | 9 , and that in (my) (a) opinion                        | death occurred on the date and hour       | and fram the couses stated                      |
| RE A Per   |               | 226. SIGNATURE  | I view the body offer death.                           | DEGREE  |   | 122c DATE SIGNED                                |
| F Poch   |               |   | luckain MX   | ATTENDING 2   | MEDICAL STAFF                             | 2.0 0/  |
| Story ANT  |               | 224 PHYSICIAN'S NAME LITTE O                                    | me hom hadrone   | PHYSICIAN PHYSICIAN                                     | DIRECTOR PHYSICIAN                        | 30 Dec-86                                       |
| O HOSPITAL eroined by the TO FUNERAL should be der with the State  |               |   | nshaijnm,M,D   | Cool VE I   | 110010                                    | ECICION WD                                      |
| shour should with  | 23a B         | URIAL WALLAGE REMOVED   |  | 3c. NAME OF CEMETERY OR CREMATORY                       | TRAITH SERV                               | ices 21913                                      |
| BP   |               | BURIAL  | 1  | OLD BOHENIA   | CITY OR TOWN                              | ECIL ME   |
|  | 24 FL         | INERAL DIRECTOR   | - 01 00  | 25a DAT   | E REC'D. BY REGISTRAR 251 REGISTR         | AR'S SIGNATURE                                  |
| DHMH - 16 50M 4/83   | -             |   | 6 E. MAIN  | ST CONVENTION   | N. 72, 4087                               | WY 5 21014 WI DKG                               |
| (VRA 15, 4)  | re            | 10m2 L. U. 73   | 6 C. MAIN  | ST CECILTON MIDA  | 12/7/301                                  |   |

28 PL 83 12 30 10 1 217394 30001,98 31741 1 1186 A TABRIST LEGISLAND AND AND THE STATE OF THE - ATBIBLISH IN TOURING THE MAINTE TE LOUGH DEBE BOSENES BOSE ASSET TO SEE ST The state of the Contispelmonary collapse Completing Month & pickers L dyset broader a series WHITTH ! ELECTION OF THE CONTRACT OF TH BURTLE PART OF THE BOREY TO WARD CALL VALUE AND THE PROPERTY OF STREET, LINE WAS ASSESSED.



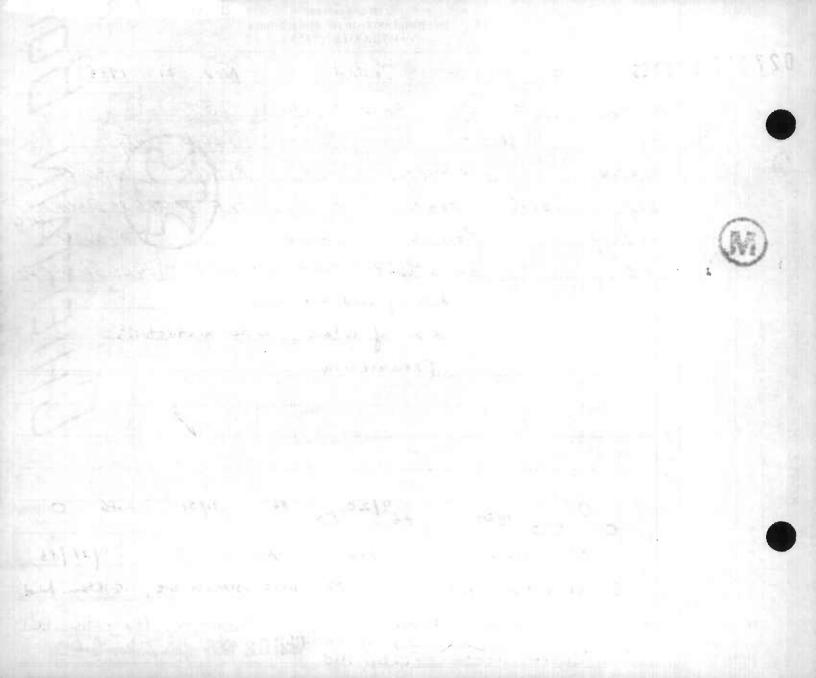
| IGR.   | 98.           | FOR  |  |  | STATE DEPARTMENT OF I                              |          | AARYLAND<br>I AND MENTAL I | TYGIENE D                              | 3                    | 5 2         | 0 1  |
|--|---------------|--|--|--|--|----------|----------------------------|--|----------------------|-------------|--|
| 129177 JAN -   | 0 0           | ETATE<br>REGISTRAR<br>CEASED NAME  | FIRST                                  | ME   | DICAL EXAMIN                                       | ER'S C   | CERTIFICATE C              | F DEATH                                | REG. NO.             | MONTH DAY   | YEAR 2b. HOUR  |
| 24881  |               | C DE PRINTI  | Mary                                   | Eliz   | easeth   |          | ckson                      | OF<br>DEAT                             | H MATED              | 12 29       | 1986 M   |
| 272 PM   | F             | einale W   | 12 . L. "                              | Aug. 2   | 6. AGE (IN YE) 4. 6. 19175 4. 6. AGE (IN YE)       | AY) MONT | HE DAYS HOURS              | MIN, PRONOI                            | UNCED                | 12 2º       | 1 19 86 10:00 M  |
| PERSON MIREAU  | 70 B          | RTHPLACE (STATE OR THE SUNTRY) Cit   | y, Md.                                 |  | HAT COUNTRY?                                       |          | IED NEVER MARR             | IED _                                  | Cecityon             | COUNTY OF   | 1+7 MD   |
| PAGE 5   | 10 C          | Vorth E  | ATH II.                                | NAME OF HOS  | PITAL, NURSING HOME<br>CILITY GIVE STREET ADDRESS) | OROTH    | Armue                      | 120 USUAL OCC<br>FOR MOST OF W<br>Home |                      | 0           | ND OF BUSINESS<br>R INDUSTRY                                       |
| Service Servic |               | AL RESIDENCE (IF INN<br>TATE<br>Md.  | 13b. COUNTY<br>Cec                     | 7001/70  | VE RESIDENCE BEFORE ADMISSING NORTH Ea             | - 1      | YES X NO                   |  | RESS<br>arylan       | d Ave.      | 21901  |
| 2 20   |               |  | Eveland                                | DDLE   | LAST   |          |                            | Roberts                                |                      |             | LAST   |
| ALTIMO<br>ALTIMO<br>FOR FOR A<br>SIGN O  | 160 \         | vas deceased evei<br>es, no, or unknown)<br>No   | R IN U.S. ARMED<br>(IF YES, GIVE WAR O | FORCES?<br>OR DATES)   | 217-52-6   |          | Richard                    | W. Jac                                 | kson N               | orth E      | shtown Rd<br>East, Md.<br>PPROPARTION FAIL<br>WEEN ONSEY AND DEATH |
| ORDS, 201 W. PRESTOR E EXECUTED WITHIN 24 DING: IN PRICE, IN ITE DICAL EXAMINES ALO, THAND MENTAL HYGIE EMATICIN, OR REMOVA  | Z             | Conditions, if<br>gove rise to<br>couse (o) statin<br>lying cause last<br>PART 2 OTHER SIGNIFICA | immediate ag the <u>under-</u>         | (b) (b) DUE TO, OR   | AS A CONSEQUENCE OF                                | OF<br>OF |                            | ext di                                 |                      |             |  |
| VITAL RECORDS SHOULD BE EXE CORD "PENDING" CHE MEDICA RE USED AS A BL  | CERTIFICATION | 19a. DATE OF OPER  | ATION                                  | 196 CONDI  | TION FOR WHICH OPER                                | ATION W  | AS PERFORMED?              |  |                      | A           | AUTOPSY?   |
| DIVISION OF V CRITING THE RITING THE RES SHOULD BE EDEPARTMENT OI PRIOR TO   | ICAL CERT     | 210. EXTERNAL CAL<br>UNDERLYING CONTRIBUTING   | OR                                     |  | MONTH DAY YEAR                                     | 21c Ho   | OW INJURY OCCURRI          | ED (ENTER NATURE OF                    | INJURY IN ITEM 18 PA |             | 100  |
| BIVISION OF ETHIS CERTIFICALE TE, WRITING THE RWARDED TO THE RPAGE 3 SHOULD STATE DEPARTIME 3, 21201 PRIOR TO  | MEDI          | 216 INJURY OCCUP<br>WHILE NOT<br>AT WORK AT V  |  |  | OF INJURY (AT HOME, TORY, FARM, ETC.)              |          | CATION                     | CITY OR                                | rown                 | COUNTY      | STATE  |
| TAL EXAMINER THE CERTIFICA HOULD BE FO HOULD BE FO HAL DIRECTOR THE TOR THE TO |               | 22a I certify that<br>death resulted from<br>ACTUAL<br>SIGNATURE                                 |  | Description of the second of t | 4  | Autap    |                            | Undetermined                           | manner .             | DATE SIGNED | 2/29/86  |
| TO MEDIC<br>EXECUTE:<br>PAGE 4<br>TO FUNE<br>BARTIMO!  | 720 B         | (TYPE OR PRINT)  |  |  | New Vital  | AETEDY C | ADDRESS UNION              | Hosp.                                  | Elkto                | n MD        | 21901  |
| BP   | (1            | UNER CORPORORI   | 1                                      | 2-30-8   | 86 North   | East     | t Meth. C                  | em Nort                                |                      |             |  |
| DHMH - 17<br>(VR A15 ME (5))<br>20M 4/82   |               | NAME - WHITE   | 84.                                    | ADDRES ADDRES  |  | 1250     | JAN                        | 2 1987                                 |                      | corden R    |  |

The transfer of the second of Average 12 27 20 100 100 Works East TIT Margland Aftern Albertain a training 12/29/86 TOPIL CREATER THE THE STATE OF THE STATE OF

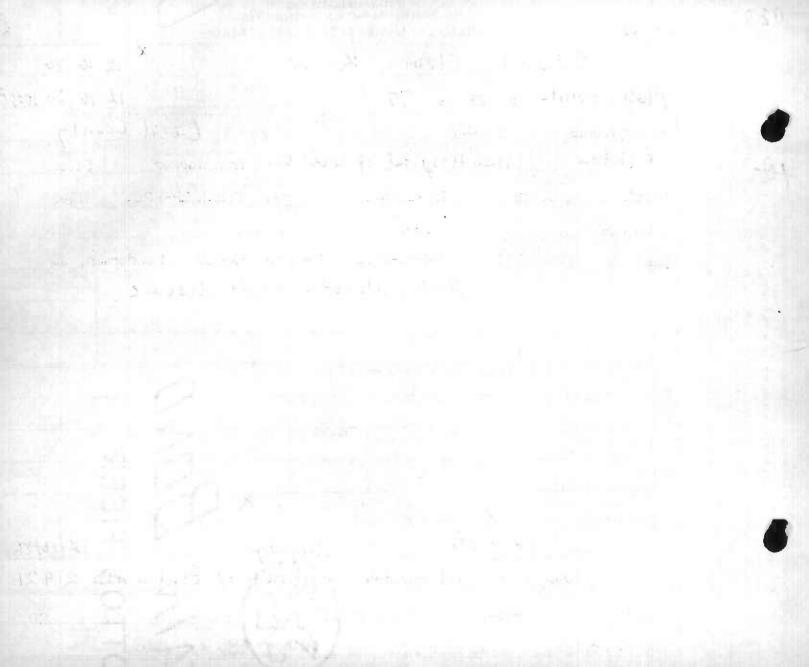


(VRA 15, 4)

STATE OF MARYLAND



| 02                         | 0100   | 100                   | FOR                     |                                      |                         | DEPARTME               | STATE OF             | MAKTLAND<br>H AND MENTAL    | HYGIENE                      | , 3                    | 3 4              | 1 de                  |
|----------------------------|--|-----------------------|-------------------------|--------------------------------------|-------------------------|------------------------|----------------------|-----------------------------|------------------------------|------------------------|------------------|-----------------------|
| 0 2                        | 8469 D   | 0-3                   | DATES                   |                                      | ME                      |                        |                      | CERTIFICATE                 |                              | REG. NO.               |                  |                       |
|                            |  |                       | CEASED NAME             | FIRST                                |                         | WIDDLE                 | 1.1                  | LAST                        |                              | E KNOWN X M            | NONTH DAY        | YEAR 26 HOUR          |
|                            | ASE<br>OR.<br>IRS<br>LRS   | (TYP)                 | E OR PRINT)             | Edwa                                 | and .                   | Clem                   | K                    | celer                       | OF<br>DEAT                   | H MATED                |                  | .86 M                 |
|                            | 五日五百里  | 1. SEX                |                         | RACE                                 | 5 DATE OF BIRTH         |                        | GE (IN YEARS IF U    |                             | ER 24 HRS 2c. DA             | TE MO                  | ONTH DAY         | YEAR 26. HOUR         |
| ~                          | NO N   | A                     | 1sh                     | White                                | 9 21                    | 09                     | 77 YRS.              |                             |                              | AD CULV OR C           | 12 16 19         | 86 1025 K             |
| •                          | SELESS THE SELESS  |                       | RTHPLACE (III           | A/Y CH                               | 76. CITIZEN OF W        |                        | MARI                 | RIED X NEVER MAR            | RRIED                        | IMORE CITY OR C        | COLVET           | VIH.                  |
|                            | S S S S  | Pe                    | nnsylv                  | ania                                 |                         | SA<br>SPITAL, NURSIN   | IG HOME, OR OT       | WED DIVOR                   |                              | LUPATION (TYPE OF V    | WORK 126 KIND    | DF BUSINESS<br>DUSTRY |
| . 0                        | SERVICE SERVICE  |                       | Elkt                    | on                                   | IN LOW                  | HOLD .                 | FURSOS) of           | Cecil Co.                   | Iron W                       |                        | Ste              |                       |
| 14                         | 2000/  | 675UA                 | L RESIDENCE             | TONICOUN                             | OR OTHER INSTITUTION, G | INE RESIDENCE BEFO     | RE ADMISSION)        | Trad. INSIDE CITY LIMITS?   |                              |                        |                  |                       |
| 1 2                        | 4年9日   |                       | ryland                  |                                      | roline                  |                        | erson                | YES NO                      |                              | Line Rd.               | . 216            | 40                    |
| MD                         | V BAZ  | 29                    | THER'S NAME             | - 90_                                | MODEL                   | LAST                   |                      | 15. MOTHER'S MAI            |                              | WIDDIE                 | LAS              |                       |
| ORE                        | 200 2 400  | /                     | George                  | EVER IN U.S. ARA                     | WID FORCES              | Keele                  | SECURITY NO.         | Cathe                       | rine                         | ADDRESS                | Ne               | eller                 |
| TIM                        | ## 5 KB 2  |                       | EL HO OF UHUNDY         |                                      | WAR OF DATES!           |                        | 1-5613               |                             | ne Keeler                    |                        | lerson,          | MD                    |
| ¥                          | PAN  | ΥE                    |                         | - International Contraction          | ly ane cause per lin    |                        |                      | , Josephin                  | ne Keelel                    | Tierra                 | APPRO            | OXIMATE INTERVAL      |
| 11.                        | HOW IN THE PROPERTY OF THE PRO | 15                    | PARTIDE                 | ATH WAS CAUSED                       | D BY:<br>TE CAUSE (a)   |                        |                      | otic h.                     | eart d                       | 326921                 | BETWEE           | N ONSET AND DEATH     |
| PRESTON                    | N S S S S S S S S S S S S S S S S S S S  |                       | 19 8 9 9                | UVUNEDIAI                            |                         | AS A CONSEC            | UENCE OF             |                             |                              |                        | 700              | article of the        |
| 7                          | NA HEA   |                       |                         | is, if any, which                    | (b)                     |                        |                      |                             |                              |                        |                  |                       |
| 201 W.                     | UTED V<br>IN PEIN<br>EXAMI<br>EXAMI<br>EXAMI<br>D MEN  |                       | couse (a)<br>bring cour | stating the <u>under</u><br>ve last. | DUE TO, OF              | AS A CONSEC            | UENCE OF             |                             |                              |                        |                  |                       |
|                            | ECUT<br>NE EX<br>NO A<br>NO A  |                       | BARY 2 OTHER CIC        | CHICICARY CONDITIONS                 | CONTRIBUTING TO DESTR   | DUY NOT BELATED T      | O THE TERMINAL BIEF  | ISE DR CONDITION GIVEN IN   | B.07.1                       |                        |                  |                       |
| DIVISION OF VITAL RECORDS. | CERTIFICATE SHOULD BE EXECUTED VING THE WORD "PENDING". IN PEI SED TO THE CHIEF MEDICAL EXAM 33 SHOULD BE USED AS A BURIAL-TO DEPARTMENT OF HEALTH AND MEN I PRIOR TO BURIAL, CREMATION O  | Z                     | PART 2 OTHER SIG        | MILICANI CONDITIONS                  | CONTRIBUTING TO DEATH   | BUT NOT RELATED I      | O THE TERMINAL DISEA | ISE DIK EDMOLLIDIN GLAFILIN | PART 110                     |                        |                  |                       |
| LREG                       | HEA A MEN  | MEDICAL CERTIFICATION | 190. DATE OF            | OPERATION                            | 196. COND               | TION FOR WHI           | CH OPERATION V       | WAS PERFORMED?              |                              |                        | 20 AUT           | TOPSY?                |
| /IIA                       | SHOUL<br>ORD "11<br>CHIEF<br>TOF H   | TIFIC                 |                         |                                      |                         |                        |                      |                             |                              |                        | YES              | s O NO O              |
| O. P.                      | ANE WEN  | CER                   | 210 EXTERNA             | L CAUSE WAS                          | 2Th TIME O<br>HOUR A.A  | FINJURY<br>A. MONTH DA |                      | HOW INJURY OCCUR            | RED LENTER NATURE OF         | INJURY IN ITEM 18 PART | I OR PART 2)     |                       |
| NOIS                       | SHOUTH OF SHOUTH   | OICAI                 |                         | NG CAUSE OF                          |                         | A.<br>OF INJURY (A     | 19<br>THOME 211 10   | OCATION                     |                              |                        |                  |                       |
| DIVIE                      | NRITING<br>NRDED<br>GE 3 SI<br>TE DEP  | ME                    | WHILE AT WORK           | NOT WHILE                            |                         | TORY, FARM, ETC.)      | THOME, 211 EX        | STREET                      | CITY OR                      | TOWN                   | COUNTY           | STATE                 |
|                            | FY A A E   | 4                     | AT WORK                 | AT WORK                              | 4.1                     |                        |                      |                             | tion . Inqu                  |                        |                  |                       |
| (3)                        | EXAMINER:<br>CERTIFICATE<br>JULD BE FOR<br>T, WITH THE S<br>MARYLAND,  |                       | death resulte           |                                      | ge of the remains de    | Accident               | neld an Auta         | psy                         | Undetermined                 |                        | n my apinian     |                       |
|                            | EXAMI<br>DE BE<br>DIRECT<br>WITH   |                       | deam resone             | a rrain.                             | (5)                     | 0                      | , Jonato (           | LITLE (SPECIFY)             | ongere i i i i i             |                        | 1.6              | Lilmi                 |
|                            | CAL EXA<br>SHOULD<br>SHOULD<br>ERAL DIR<br>SATH, WI<br>SRE, MAR  |                       | ACTUAL<br>SIGNATURE_    | 0                                    | 178                     | 4                      | /                    | M.D. Deput                  | MEDICAL EX                   | AMINER                 | DATE<br>SIGNED 7 | 116/86                |
|                            | UTE TOTAL SE STORE A SE MOR MOR  | /                     | EXAMINER'S              | NAME ( )                             | C Gov                   | 12alez-                | 11-1-16 1            | wind Gu                     | Hosp.                        | Elklan                 | m) 9             | 21991                 |
|                            | TO MEDICAL EXAM<br>EXECUTE THE CERTIF<br>PAGE 4 SHOULD BE<br>TO FUNERAL DIREC<br>AFTER DEATH, WITH<br>BALTIMORE, MARYL   | 73n B                 | (TYPE OR PRIN           | TION, REMOVAL 2                      |                         |                        | E OF CEMETERY        | OR CREMATORY                | 23d LOCATION<br>CITY OR TOWN | N CATOM                |                  |                       |
|                            | BP   | (3                    | urial                   |                                      | 12-18-86                |                        |                      | Cemetery                    | _                            | sboro                  | CA               | STATE                 |
|                            | DHMH - 17  |                       | UNERAL DIREC            | TOR                                  | ADDRES                  |                        |                      |                             | E REC'D. BY REGIST           | RAR 256 REGISTR        | RAR'S SIGNATUR   |                       |
|                            | (VR A15 ME (5))  | Jo                    | hn E. E                 | Boulais                              |                         | sboro,                 | MD                   | 11112                       | 2 1986 /                     | Min Devider            | n. Pandall       |                       |
|                            | 20M 4/82   |                       |                         |                                      |                         |                        |                      |                             | 0                            |                        |                  |                       |

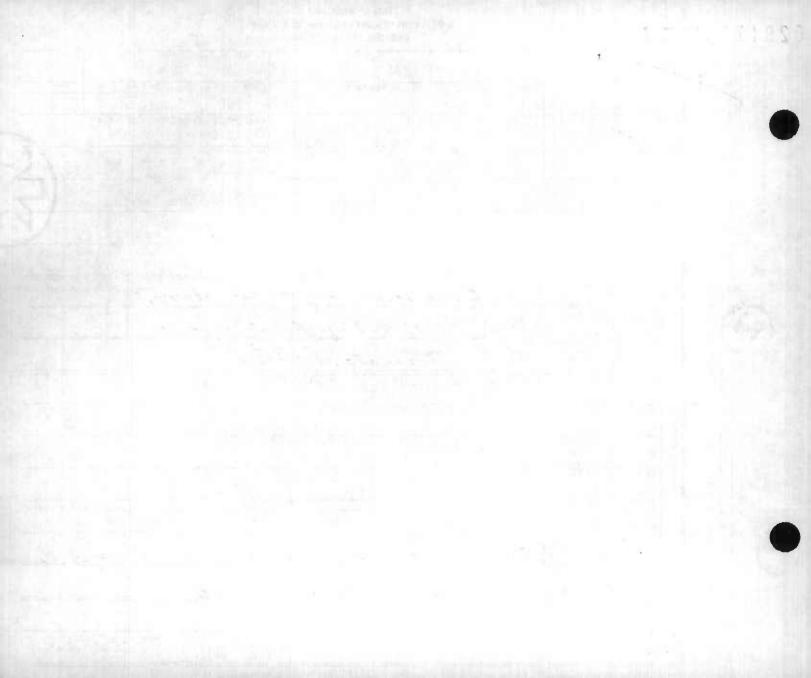


## STATE OF MARYLAND

| -2           | NEGISTRAR.   |  | DEPA   |  | ICATE OF DEATH  | REG. N   | 0.  |   |                             |
|--------------|--|--|--|--|---|--|---|---|-----------------------------|
|              | CEASED NAME T  | FIRST  | WIDDLE   | 1  | AST   | 20 DATE OF DEATH   | MONTH DAY   | YEAR                                      | 2b. HOUR                    |
| 11111        | OS SHIPETY   | Raymono  | Albert K   | immerlin                                   | ng  |  | 12 27   | 8 6                                       | 0600                        |
| 1. SEX       |  | -  | RACE   | 5 DATE O                                   | SE DIRILL   | 6 AGE (IN YEARS LAST BIR   | THDAY) IF (   | INDER 1 YEAR                              | IF UNDER 24 F               |
|              | Male   |  | white  | морит                                      | 8^1 1906  | 80   | YRS.  |   | HOURS M                     |
| 7s. 88       | THIP ACE (STATE OR   | FOREIGN 76   | CITIZEN OF WHAT COUNT  | RY? 8.                                     | NEVER MARRIED   | 9 BALTIMORE CITY O   |   | DEATH                                     |                             |
| Wa           | shington   | DC   | USA  | WIDOWE                                     |   | Cecil Coun   | tym   |   |                             |
|              | TY OR TOWN OF DEA  | ATH 11   | . NAME OF HOSPITAL, NUI  | RSING HOME O                               | OR OTHER INSTITUTION  | 120 USUAL OCCUPATION OF COMMENT OF WORK FOR MOST COMMENT OF WORK FOR MOST COMMENT OF THE PROPERTY OF THE PROPE |   | IZE KIND OF INDUSTRY                      | tric                        |
| USUA         | AL RESIDENCE (IF NURS  |  | HER INSTITUTION GIVE RESIDENCE BE  |  |   |  | pri opq   | 2200                                      | ,0110                       |
| 13a. S       |  | 136 COUNTY   |  | 100  | 13d INSIDE CITY LIMITS?   | 130 STREET ADDRESS   | ZIP CODE  | 02/19                                     | 971                         |
| _            | MD<br>THER'S NAME  | Ceci   | North  | East                                       | YES NO THER'S MAIDEN NA   |  | го пап  | 604                                       | 101                         |
|              | ohn''''  | Wil"   | liam Kimme   | erling                                     | Ida   | L. MIDDLE  | Pea   | arl LAST                                  |                             |
|              | VAS DECEASED EVER  | IN U.S. ARME   |  | SECURITY NO                                | 17 INFORMANT  | ADDRE  | ESS 2   | 4 Sti                                     | tes                         |
|              | no   | n/a  |  | 19-3952                                    | Tessie Ma   | av Kimmerl   |   |   |                             |
|              | Conditions, if ony,<br>gove rise to imm<br>cause (a), statin   | mediate<br>ng the  | DUE TO, OR AS A CONSE  | End  |   | e Drives   | ne  |   |                             |
| FICATION     | gove rise to immocause (a), statin<br>underlying cause   | mediate<br>ng the<br>lost  | DUE TO, OR AS A CONSE  | SOUENGE OF BUT                             | eta melli   | eter   |   | ERE FINDIN                                | IGS USED                    |
| RTIFICATION  | gove rise to imicause (a), stotir underlying cause PART 2. OTHER SIGN  | nediate<br>ing the<br>lost   | DUE TO, OR AS A CONSE  (c)  NDITIONS CONTRIBUTING  | SOUENGE OF BUT                             | eta melli<br>NOT RELATED TO THE TERM<br>N WAS PERFORMED   | INAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NO} \)   | 20b. IF YES, WIN CERTIFYIN  | VERE FINDIN                               | IGS USED                    |
| CERT         | gave rise ta imma<br>cause (a), statir<br>underlying cause<br>PART 2. OTHER SIGN   | mediate ng the lost NIFICANT CO  | DUE TO, OR AS A CONSE  (c)  NOTIONS CONTRIBUTING   | SOUENGE OF TO DEATH BUT                    | eta melli   | INAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NO} \)   | 20b. IF YES, WIN CERTIFYIN  | VERE FINDIN                               | IGS USED<br>OF DEATH?       |
| CAL CERT     | gove rise to improve to improve the cause (a), stating underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI  21d. INJURY OCCURI  | mediate ng the lost lost NIFICANT CO  TION  DERLYING CAUSE OF DEATH CALEXAMINER)  RED  | DUE TO, OR AS A CONSE  (c)  DOITIONS CONTRIBUTING  196. CONDITION FOR WH  216. TIME OF INJURY HOUR A.M. MONTH  | TO DEATH BUT  HICH OPERATION  DAY YEAR  19 | eta melli<br>NOT RELATED TO THE TERM<br>N WAS PERFORMED   | INAL DISEASE OR CON  200 AUTOPSY?  YES \( \text{NO} \)   | 206. IF YES, WIN CERTIFYIN YES [  | VERE FINDIN                               | IGS USED<br>OF DEATH?       |
| CERT         | gove rise to imic cause (a), stofir underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI  21d. INJURY OCCUR.  WHILE NOT WAS AND WAS AND WAS A WOOD WAS A WOOD WAS AND WAS A WOOD WAS AND WAS | mediate ng the lost lost NIFICANT CO  TION  DERLYING CAUSE OF DEATH CALEXAMINER)  RED RED  | DUE TO, OR AS A CONSE  (c)  NDITIONS CONTRIBUTING  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY   | TO DEATH BUT  HICH OPERATION  DAY YEAR  19 | NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCURI   | VINAL DISEASE OR CON  200 AUTOPSY?  YES NO   | 20b. IF YES, WIN CERTIFYIN YES [ IRY IN ITEM 18 PART                            | VERE FINDING CAUSES                       | IGS USED<br>OF DEATH?<br>NO |
| CERT         | gove rise to imma cause (a), stolir underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING 10 (IF EITHER NOTIFY MEDI  21d. IN JURY OCCUR!  WHILE NOT WHAT WO  22a. I certify that (1) sow the decessions we (1) (we) (1) (we) (2)   | mediate ng the lost lost NIFICANT CO  TION  DERLYING CAUSE OF DEATH CAL EXAMINER)  RED (this haspital ed olive on  | DUE TO, OR AS A CONSE  (c)  NDITIONS CONTRIBUTING  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET FACTORY OFF                                     | DAY YEAR 19 FICE FARM ETC)                 | NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION STREET  . 19 d that in (my) (our) opinion                                    | 200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU   | 206. IF YES, WIN CERTIFYIN YES [ IRY IN ITEM 18 PART                            | COUNTY                                    | IGS USED OF DEATH? NO STAT  |
| CERT         | gove rise to improve to improve to stating underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTIFY MEDI  21d. INJURY OCCURI  WHILE NOTIFY MEDI  22a. I certify that (I)  saw the decease abave, (I) (we) (s  22b. SIGNATURE   | mediate and the property of th | DUE TO, OR AS A CONSE  (c)  NDITIONS CONTRIBUTING  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OFF                                      | DAY YEAR 19 FICE FARM ETC)                 | NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCUR!  211. LOCATION  STREET  19  dd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [1] | 200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU   | 20b. IF YES, WIN CERTIFYIN YES [ IRY IN ITEM 18 PART  DWN 19. ate and haur or   | VERE FINDING CAUSES  1 OR PART 2)  COUNTY | IGS USED OF DEATH? NO STAT  |
| CERT         | gove rise to imma cause (a), stolir underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING 10 (IF EITHER NOTIFY MEDI  21d. IN JURY OCCUR!  WHILE NOT WHAT WO  22a. I certify that (1) sow the decessions we (1) (we) (1) (we) (2)   | mediate and the property of th | DUE TO, OR AS A CONSE  (c)  NDITIONS CONTRIBUTING  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OFF                                      | DAY YEAR 19 FICE FARM ETC)                 | NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!  21l. LOCATION  STREET  . 19  d that in (my) (our) opinion  DEGREE  ATTENDING              | 200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO  death accurred on the di   | 20b. IF YES, WIN CERTIFYIN YES [ IRY IN ITEM 18 PART  DWN 19. ate and haur or   | COUNTY                                    | IGS USED OF DEATH? NO STAT  |
| MEDICAL CERT | gove rise to improve to improve to stating underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTIFY MEDI  21d. INJURY OCCURI  WHILE NOTIFY MEDI  22a. I certify that (I)  saw the decease abave, (I) (we) (s  22b. SIGNATURE   | mediate mg the pg the p | DUE TO, OR AS A CONSE  (c)  NDITIONS CONTRIBUTING  19b. CONDITION FOR WH  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY OFF  VIEW the bady ofter death.)  PRINTI | DAY YEAR  19  PEICE FARM ETC)              | NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCUR!  211. LOCATION  STREET  19  dd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [1] | 200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJU  CITY OR TO  death accurred on the di   | 20b. IF YES, WIN CERTIFYIN YES [ IRY IN ITEM 18 PART  JOWN  19, ate and haur or | COUNTY                                    | IGS USED OF DEATH? NO STAT  |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL Infolhed by th



injury, ar ather trai

IMPORTANT: If Item 21 is marked at Item

027231

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1             | STAFE<br>REGISTRAR   |                                | CERT   | IFICATE OF DEATH                          | REG. NO.  |                                   |
|---------------|--|--------------------------------|--|---|---|-----------------------------------|
|               | PE OR PRINT) NAME PIRST  | Lina                           | slell K  | LE MEUS                                   | 20 DATE OF DEATH MONTH                                    | 1/86 9.00 M                       |
| 3 5           | Female   | 4. RACE<br>Cauc                | A MO   | EOF BIRTH  NTH 30PAY 1891                 | 6. AGE (IN YEARS LAST BIRTHDAY) 95 YRS                    | MONTHS DAYS HOURS MIN.            |
|               | BIRTHPLACE (STATE OR FOREIGN COUNTRY) UPOra W. Va.   | 76 CITIZEN OF<br>US.           |  | RIED NEVER MARRIED NEVER MARRIED DIVORCED | 9 BALTIMORE CITY OR COUNTY                                | OF DEATH MD.                      |
| 10            | Elkton   | IF NOT IN SUC                  | HOSPITAL, NURSING HOME                             | e or other institution Cecil Co.          | 120 USUAL OCCUPATION LEVE OF WORK FOR MOST OF WORKING LIF | 17b. KIND OF BUSINESS OR INDUSTRY |
| 130           | ual residence (if nursing home or . STATE 136 COUN APYLAND 60  | ITY, _                         | GIVE RESIDENCE BEFORE ADMISSION IS CONTROL OF TOWN | 113d INSIDE CITY LIMITS?                  | MARKET APPRESSING SUB                                     | e La. 21930                       |
|               | Joel   | B.                             | Lindsley   | 15. MOTHER'S MAIDEN NA<br>Mable           | WIDDLE  | Dixon                             |
| 160           | WAS DECEASED EVER IN U.S. AR<br>(YES, NO OR UNKNOWN) (IF YES, GIV<br>MO  | MED FORCES?<br>E WAR OR DATES) | 165-50-93]   | Wm. Kleme                                 | ns son same   |                                   |
| NOIT          | Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last  PART 2 OTHER SIGNIFICANT C  | (b)                            |  | CULOR UCCIÓ<br>UT NOT RELATED TO THE TERA | Park<br>Jews<br>WINAL DISEASE OR CONDITION GIV            |                                   |
| CERTIFICATION | 190 DATE OF OPERATION  |                                | ITION FOR WHICH OPERAT                             |   | YES NO YE   |                                   |
| MEDICAL CE    | 210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21 MINUTE NOTIFY MEDICAL EXAMINER NOTIFY MEDICAL EXAMINER NOTIFY MEDICAL EXAMINER NOTIFY CONTINUE NOTIFY | P. 21e PLACE                   | M. MONTH DAY YEA<br>M. 19                          | AR .                                      | RRED (ENTER NATURE OF INJURY IN ITEM 18 P                 | COUNTY STATE                      |
|               | 22a I certify that (I) (this hosp-<br>sow the deceased alive on<br>above, (I) (was (did)) find   | 12/1                           | 19 86  | and that in (my) (our) opinion            | death occurred an the date and hour                       | 19 86, that (I) twet last         |
|               | 22b. SIGNATURE SLOW  | U r                            | W.   |   | MEDICAL STAFF DIRECTOR PHYSICIAN                          | 12/4/86                           |
|               | Jeffrey S  | chul                           | Z  | Cecil-Kentl                               | Health Center Cec   | ilton, md. 2191;                  |
| 23a.          | BURIAL CREMATION, REMOVAL  | 236 DATE                       | 1 1-   | erbrook Crematory                         | 23d LOCATION CITY OR TOWN  N. Wilmington,                 | N.C. Del.                         |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

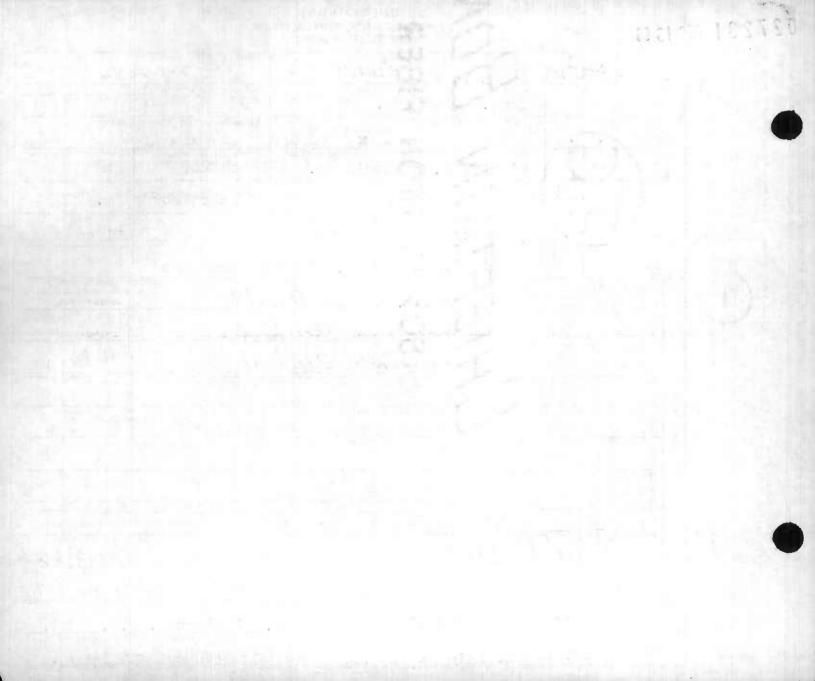
24 FUNERAL DIRECTOR
Fellows F AODRESS F.H. 226 E. Main

250 DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE

5214

3

1986



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH

| DEDUNNI .            | Joseph Michael Lef                  | lar              | Dec. 17, 198                    | 9;45            |                 |
|----------------------|-------------------------------------|------------------|---------------------------------|-----------------|-----------------|
| 1.5EX                | 4 RACE                              | 5. DATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| Male                 | White                               | Dec. 6, 1930     | 56 YRS                          | MONTHS DATS     | HOURS MIN       |
| BIRTHPLACE (STATE OR | FOREIGN 76 CITIZEN OF WHAT COUNTRY? | 8                | 9 BALTIMORE CITY OR COUNT       | Y OF DEATH      | 19.             |

MARRIED X NEVER MARRIED COUNTRY) Pa. DIVORCED

Cecil WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR Kitchen Mgr. Rest.

STATE

Westover Place North East 13.5 SPEET ADDRESS ZIP CODE Place 21901 136 COUNTY CECI 113d. INSIDE CITY LIMITS? Md

4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME George Leflar Sr. Mary Nailon 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT

Westover Place North East. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY MAILURGE

IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF MALIGNANT MESOTHELIOMA Canditians, if any, which gave rise to immediate

cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

NOT WHILE

23a. BURIAL, CREMATION, REMOVAL Burial

- STATE

5.0 3-DEC 3

DECEMBED NAME

REGISTRAR

O CITY OR TOWN OF DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOW NO [

210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

STREET

(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY

22a | certify that (1) (this haspital) attended the deceased from

above, (1) (we) (did) (did not) view the bady after death and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated

22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL

22d. PHYSICIAN'S NAME (TYN OR PRINT) 22e ADDRESS

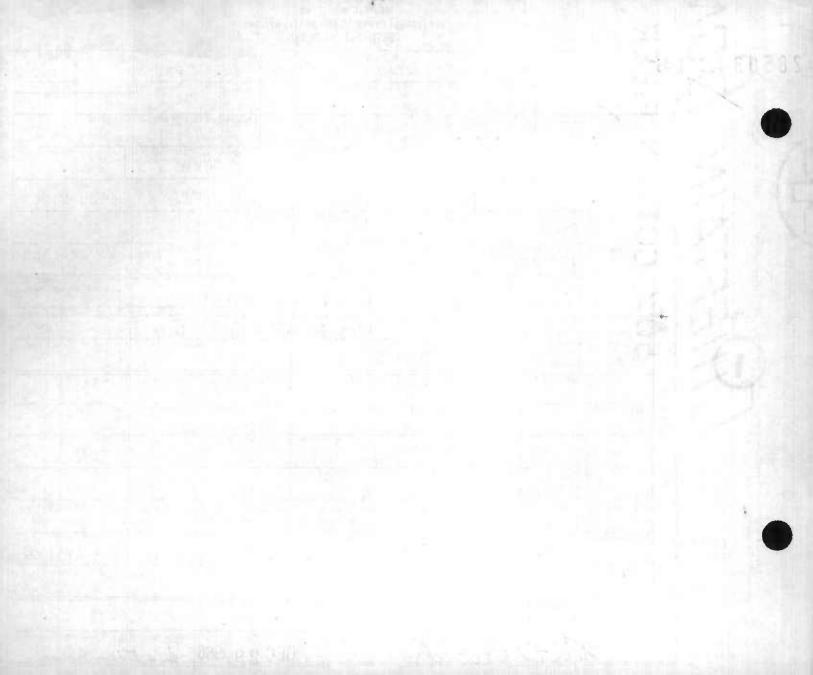
AT HOME STREET, FACTORY, OFFICE FARM ETC.)

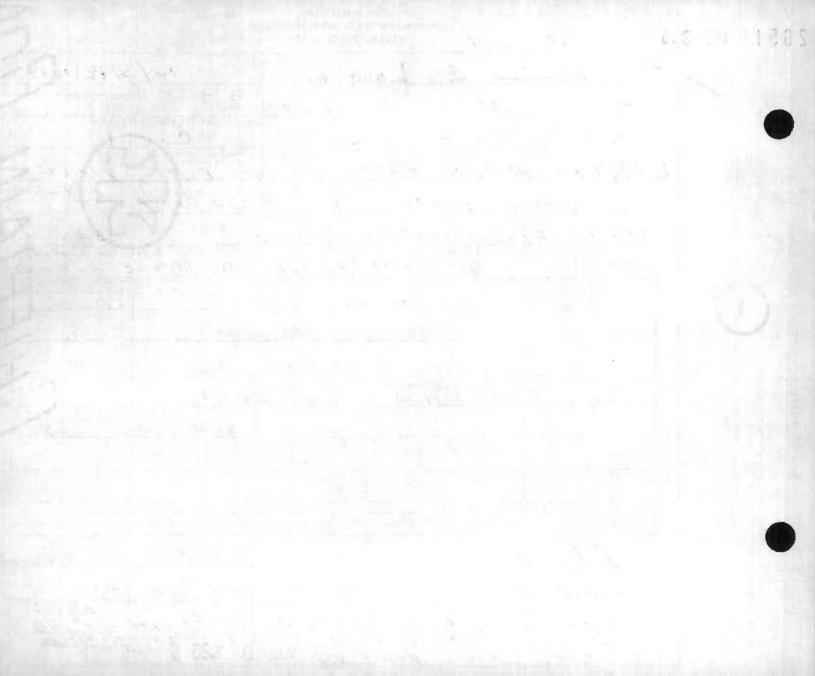
North East Meth. 23d LOCATION 13 DATE 20-86 North East Ocil Md STATE

PHYSICIAN DIRECTOR PHYSICIAN

North East. Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)





| +  | STATE OF MARYLAND 8 6 3 5 2 / /  |
|--|--|
| 026842 DEC 1   | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.   |
| noy be<br>poge 3<br>r deoth  | 1. DECEASED NAME FIRST MIDDLE LAST LOTMON 20 DATE OF DEATH MONTH DAY YEAR 126 HOUR 8:31 A  |
| age 4 ma<br>rector pours offer of  | Female 4. RACE white 5. Date of Birth DAY YEAR 3 93 YRS WONTHS DAYS HOURS MIN.   |
| deoth. Pe  | 76. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED MONORCED MONORCED MONORCED MARRIED MONORCED MONORCED MARRIED MONORCED MONORCED MARRIED MONORCED MONOR |
| n by the filed with  | 10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (IF OR THE OFFICE OF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD MISSION)  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AD MISSION)   |
| LAND 21  | USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION), GIVE RESIDENCE BEFORE ADDISSION)  136 STATE  136 COLINTY  136 COLINTY  136 COLINTY  136 COLINTY  137 COLINTY  137 COLINTY  137 COLINTY  138 STREET ADDRESS / ZIP CODE  YES  NO XIV  YES |
| E, MARY  | WILLIAM FOR ACRE MARY EMMODE BOYL  160 WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS - VERN  |
| ALTIMOR<br>e be exected<br>cton not<br>ers. Properties.  | (YES NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) Hoyd R. Lotman P.O. Bry 1826 En X   |
| requires that the death certificate signed by the attending physical Then please remove carbanpoper to burial, cremation, or removal injury, or other traumatic event, it  | PART I. DEATH (Enter only one couse per line for (o), (b), and (c).)    PART I. DEATH WAS CAUSED BY.   |
| TAL RECC   | 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO 1  210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN. HEM 18 PART 1 OR PART 2)   |
| ON OF VI   | OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. MONTH DAY YEAR  19  216 INJURY OCCURRED  216 PLACE OF INJURY  211 LOCATION   |
| DIVISION NO PROPERTY OF A STREET THE USE OF THE FOOLING OF THE PROPERTY OF THE | 220.1 certify that This hospital) attended the deceased from 10 3 19 10 12 4 19 20 that The hospital attended the deceased from 10 10 10 10 10 10 10 10 10 10 10 10 10   |
| Al OR ATTE<br>y the hospito<br>Ral DIRECTO<br>detached for<br>inte Dept. of H  | sow the deceosed give on 12/3 19 86 , and that in my our) opinion death occurred on the date and hour and from the causes stated above (Thiwe) (did) did not) view the body after death.  27b. SIGNATURE  DEGREE  ATTENDING / MEDICAL STAFF  12/5/8/   |
| HOSPI<br>bined b<br>FUNE<br>buld be<br>to the Si   | PHYSICIAN'S NAME (TYPE OR PRINT)  720 PHYSICIAN'S NAME (TYPE OR PRINT)  720 ADDRESS  721 Chih 1+511  722 3 West macin St Tekton And  |
| BP———  | 236. BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF REMETERY OR CREMATORY 23d. LOCATION CITY OF THE COUNTY STATE OF COUNTY Md.   |
| DHMH - 16 60M 7/84<br>(VRA 15, 4)  | FUNERAL DIRECTOR  ADDRESS FIREDAL HOME  ADDR |

213111111133300 A least the second seco 를 하게 되었다. 그는 보고 보면 보다 보고 있는 보고 있는데, 그런 가지 않는데 보고 있다. Partie to the company of the company the same that the state of the same 92/5/21 × 01 BUT COLD HATEL SOON FORM COST STANL SEED TOTAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH OREGETHAR REG. NO. KNOWN DECEASED NAME 20. DATE MONTH DAY 2b. HOUR LTYPE OR ESHATT ESTI-UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS WILLIAM VINCENT MAY DEATH MATED 19 86 0834 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR PRONOUNCED LAST BIRTHDAY) MONTHS 19 DEAD TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED PHILA PA DIVORCED WIDOWED -CECIL COUNTY AND 3 TO THE FL
RETAIN PAGE 5
HOULD BEFLIED
RECORDS, 200, W 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS LABOUSTRY ELKTON USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 CITY OR TOWN 134. INSIDE CITY LIMITS? 130 STREET ADDRESS 21930 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FEART 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Wm. May son Box 447 Shady Spring 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: FNTRICULAR IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which HOART DISGREE SCHEAT BRIOSCI BRATI gove rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 MELLITUS 19a. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.1 WHILE STREET CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK PAGE 4 SHOULD TO FUNE TO FUNE ALL DIRECTOR: PATER DEATH, WITH THE ST BALTIMORE, MARYLAND. 22a 1 certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Natural causes death resulted fram: Accident Suicide Homicide \_\_\_ Undetermined monner TITLE (SPECIFY) ACTUAL DEPUTY MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME UMON HOSPITAL OR (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** ADDRESS (VR A15 ME (5) 270 MILLINGTON 15M 2/80

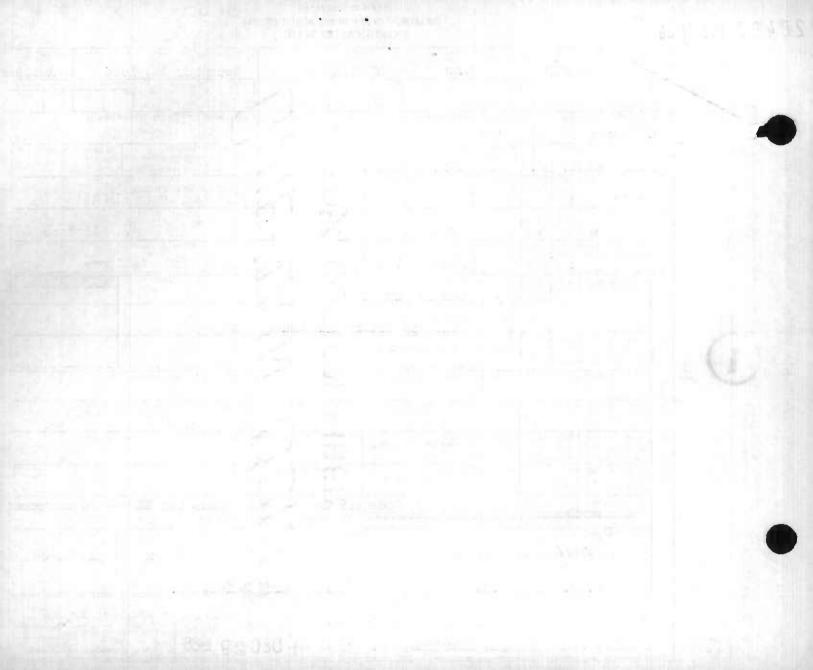
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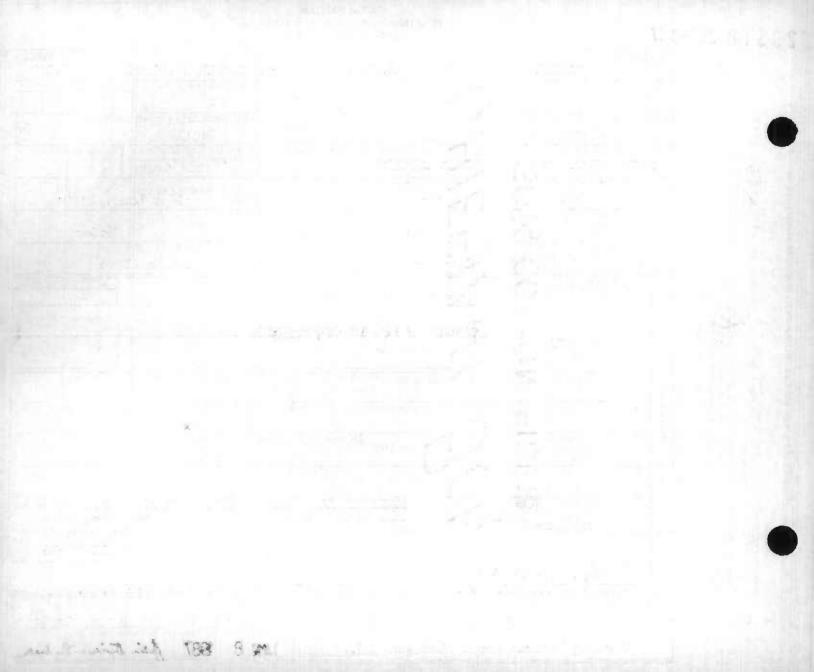
DuPont Hwy, NC, DE

(VRA 15, 4)

| 497 DEC 31   | 35-         | FOR<br>STATE<br>REGISTRAR   |                            |                            | DEP                   | ARTMENT OF K                                  | OF MARYLAND<br>EALTH AND MENTAL HYO<br>ICATE OF DEATH | GIENE 8 6   | <b>3</b>            | 5 %                           | 3 0                          |
|--|-------------|---|----------------------------|----------------------------|-----------------------|---|---|---|---------------------|-------------------------------|------------------------------|
| m 5  |             | CEASED NAME   | FIRST                      |                            | MIDDIE c              | ı   | AST   | 20. DATE OF DEATH   | MONTH               | DAY YEAR                      | 26 HOUR                      |
| D 0 D  | /           | HAI   | ROLD                       |                            | Leo                   | ODEN  | IBAUGH  | December  |                     | 1986                          | 10:35a                       |
| 1 all  | 1.SE)       |   | 4                          | RACE                       |                       | 5. DATE C                                     |   | & AGE (IN YEARS LAST BIR  | THDAY)              | MONTHS DAYS                   | #F UNDER 24 HRS HOURS MIN.   |
|  |             | Male  |                            | White                      |                       | Dec.  | 3, 1919   | 68  | YRS.                |                               |                              |
| of Age of | No          | RTHPLACE (STATE OR OUNTRY) Dakota   | /                          | USA                        | WHAT COUN             | MARRIE  | NEVER MARRIED DIVORCED                                | 9. BALTIMORE CITY O   | R COUNT             | TY OF DEATH                   | MD.                          |
|  | 1           | erry Point  | E.                         | LIF NOT IN SUC             | CH FACILITY, GIVE     | URSING HOME C<br>STREET ADDRESS)<br>11 Cente: | R OTHER INSTITUTION                                   | 120 USUAL OCCUPATION OF OF WORK FOR MOST OF Retired A                       | F WORKING           | LIFE) 12b, KIND O<br>INDUSTRY | OF BUSINESS OR               |
| State of the state | 13a. S      | AL RESIDENCE (IF NURS<br>TATE<br>Cyland   | Harfo                      | TY                         | GIVE RESIDENCE        | TOWN  | 13d INSIDE CITY LIMITS?<br>YES 🔀 NO 🗌                 | 13 STREET ADDRESS (511 Ohio   | zip coi<br>Court    | DE/21001                      |                              |
| and Zin  | 14 FA       | THER'S NAME William   | M                          | MODIE                      | 0denbai               | ugh   | Emily   | ME  |                     | Van Als                       | styne                        |
| Popul C  |             | VAS DECEASED EVER<br>(ES. NO OR UNKNOWN)<br>YES   | IN U.S. ARA                | MED FORCES?  WAR OR DATES! | 1000000               | SECURITY NO.<br>6-0764                        | Julia Ruth (  | ADDRE<br>denbaugh/Sa  |                     | s Above                       |                              |
| equipy 1557 the death of section sections are section to the death of the fraction, or other traumatic   | NOI         | Conditions, if any<br>gave rise to im-<br>cause (a), statin<br>underlying cause<br>PART 2. OTHER SIGI | mediate<br>ng the<br>last. | (b)                        | Coron<br>or as a cons | SEOUENCE OF                                   | ery disease   | MINAL DISEASE OR CON  | DITION G            | IVEN IN PART 11               | 0'                           |
| 11 24 2  | CERTIFICAT  | 190 DATE OF OPERA   | TION                       | 196 COND                   | ITION FOR W           | HICH OPERATIO                                 | N WAS PERFORMED                                       | 200 AUTOPSY? 200. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES YES YES |                     |                               | NGS USED<br>OF DEATH?        |
| rSiClani I   | MEDICAL CER | 210 ACCIDENT WAS UN OR CONTRIBUTING   [IF EITHER, NOTIFY MEDI 21d INJURY OCCUR                        | CAUSE OF DEAT              | P.                         |                       | DAY YEAR                                      | 21c. HOW INJURY OCCUR                                 | RED (ENTER NATURE OF INJUI  | RY IN ITEM 18       | PART I OR PART 2)             |                              |
| offer the offer  | MEI         | WHILE NOT WE AT WO  | HIE D                      | (AT HOME ST                | REET, FACTORY, O      | FFICE, FARM. ETC )                            | STREET  | CITY OR TO  |                     | COUNTY                        | STATE                        |
| ATTENDI<br>Spiral of<br>CTOR A<br>1 for suite<br>of Head   | 8           | 220.1 certify that (5)<br>XXXXXXXX<br>above, (1) (we) (   | XXXXX                      | xxxxxx                     | XXXXXX                | rom <del>Decen</del><br>mxxxxxx               | ber 20 19 d that in (my) (aur) apinion                | 86 , to December death accurred on the de                                   | er 22<br>ate and ha | , 19 86<br>our and fram the   | thexix existed couses stated |
| the be<br>the be<br>of DRE<br>effective<br>to Dept   |             | 22b. SIGNATURE  | alin                       | · Ou · O                   | r-12.                 |   | DEGREE<br>ATTENDING<br>PHYSICIAN [                    | MEDICAL STAI  | FF<br>TAN R         | 22c. DATE                     | SIGNED -22-86                |
| HOSPITA<br>Sed by<br>HUNERA<br>HITHE Sto   |             | 228 PHYSICIAN'S N   | AME (TYPE OR               | PRINT)                     | 1 7                   |   | 22e ADDRESS   |   |                     | 12-                           | -22-00                       |
| OF 0 4 5   |             | M. 1  | I. ATA                     | Y, M.D.                    |                       |   | VAMC. Perr  | y Point, Md.  |                     |                               |                              |
| or o   | 23a. B      | URIAL, CREMATION,   |                            |                            |                       |   | EMETERY OR CREMATORY                                  | Point, Md   |                     | COUNTY                        | STATE                        |
| Bb O O O O O O O O O O O O O O O O O O O   | B           |   |                            |                            | /86                   |   | Mem. Gdns.  | 23d LOCATION  | Harf                | ord, Mary                     | ·land                        |



| 29518 JAN -9   | 37            | FOR<br>STATE<br>REGISTRAR   |                          |                        | DEP                                  | ARTMENT OF H                     | E OF MARYLAND<br>EALTH AND MENTA<br>ICATE OF DEATI |            | NE 8                                 | REG. NO      | 3                 | 5 &   | ŏ i   |
|--|---------------|---|--------------------------|------------------------|--------------------------------------|----------------------------------|--|------------|--------------------------------------|--------------|-------------------|---|---|
|  |               | OR PRINT)   | FIRST                    |                        | MIDDLE                               |                                  | AST  |            | a DATE OF                            |              |                   | AY YEAR                                       | 26 HOUR   |
| may be<br>page 3<br>er death   |               | DA  | NIEL                     | W                      | ALTER                                | OLDL                             |  |            | ECEMBE                               |              |                   |   | 5:20P "   |
| e bo   | 3 SE          | X   | 4                        | RACE                   | 400                                  | 5. DATE C                        |  |            | AGE INYEA                            | RS LAST BIRT | HDAY)             | IF UNDER I YEAR                               | HOURS MIN.                                      |
| ge 4<br>ecto   | I             | Male  |                          | White                  |                                      | Sept                             | . 13°, 1938 t                                      | -          | 48                                   |              | YRS.              |   |   |
| Poorth. Po   |               | RTHPLACE (STATE OR F<br>COUNTRY)<br>ennsylvania                                   |                          | USA                    | WHAT COUN                            | TRY? 8.<br>MARRIE<br>WIDOWE      | D NEVER MARRIE                                     | ED 📙       | BALTIMOR                             | ecil         | R COUNTY          | OF DEATH                                      | MD  |
| Edition of the form  | 10. C         | ERRY POINT,   | TH I                     | VA°MET                 | TCAL                                 | JRSING HOME C                    | OR OTHER INSTITUTION                               | ON II      | type of work in Enlis                | OR MOST O    | WORKING LIFE      | 12b. KIND C<br>INDUSTRY                       | OF BUSINESS OR                                  |
| filled in sould be   | 13a S         | al residence (if NURS)<br>STATE<br>aryland  | ist count<br>Harfo       | Υ                      | 13t, CITY OR<br>Aberde               | BEFORE ADMISSION)<br>TOWN<br>PCN | 13d. INSIDE CITY LIA<br>YES [XX NO [               |            |                                      | DRESS /      | zip code<br>er La | ne, 21  | 001   |
| malerely and 2 showing   | 14. FA        | Ralph   | M                        | DDLE                   | 01d1a                                | and                              | 15 MOTHER'S MAID Pear 1                            |            |                                      | WIDDIE       |                   | McCon   | rd  |
| IMORE, or ond con production on ond con medical  |               | VAS DECEASED EVER   |                          |                        |                                      | SECURITY NO.                     | 17 INFORMANT                                       |            |                                      | ADDRE        |                   |   |   |
| Pogo a   |               | YES, NO OR UNKNOWN)   | 57-                      | 80 PATES)              | 170-30                               | -6337                            | Ramona M.  | . 01d      | land,                                | Same         | As Al             | oove  |   |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within Actions. Viter this certificate has been signed by the or the papers. Pages I and 2 should be file to as the buriol-transit permit. Then please remoit propers. Pages I and 2 should be file than and Mental Hygiene prior to buriol, cremait is moved.  orked or tem 18 shows any injury, or other traumoffic event, the medical examiner must be a contracted and the property of the | N             | Conditions, if ony, gove rise to imm couse (o), stoting underlying couse          | ediote<br>g the<br>lost. | DUE TO, OI<br>(b)      | R AS A CONS<br>CANCER<br>R AS A CONS | EQUENCE OF                       | TE (EXTENS   |            | AL DISEASE                           | OR CONI      | DITION GIVE       | N IN PART II                                  | io  |
| L RECOR  | CERTIFICATION | 190 DATE OF OPERAT  | ION                      | 196 CONDI              | ITION FOR W                          | HICH OPERATIO                    | N WAS PERFORMED                                    | )          | 200 AUTOPSY? 200 IF YES, IN CERTIFYI |              |                   | , WERE FINDINGS USED<br>YING CAUSES OF DEATH? |   |
| SICIAN: The ng physicion certificate I unal-transit tentol Hygie Item 18 sho   |               | 21a. ACCIDENT WAS UND<br>OR CONTRIBUTING C  | AUSE OF DEATH            | 21b. TIME O<br>HOUR A. | M. MONTH                             | DAY YEAR                         | 21c. HOW INJURY (                                  | OCCURRED   |                                      | -            | 1                 |   |   |
| OUG PHYS Offer this of the burner of the bur | MEDICAL       | 21d INJURY OCCURR   | ED                       |                        | REET FACTORY, OF                     | FFICE, FARM, ETC }               | 211 LOCATION<br>STREET                             | M.A.       |                                      | CITY OR TO   |                   | COUNTY  | STATE   |
| OR ATTENDIII ne hospitol or DIRECTOR: A coched for use Dept of Healt   |               | 22a I certify that (I)<br>saw the decease<br>above. (I) (SE) (d<br>22b. SIGNATURE | d alive on               | DECEMBE                | ER 29                                | 19 <u>86</u> , a                 | nd that in (my) ( <b>X</b> ur) o                   | opinian de | ath occurred                         | on the do    | ote and hour      | and from the                                  | that (I) (Xe) last<br>ecouses stated<br>ESIGNED |
| TO HOSPITAL etonned by the TO FUNERAL should be det with the Store with the Store  | 00            | AVELINA I   |                          | DEZ, M                 | <b>b</b> .                           |                                  | VA MEDIC   | CAL CI     |                                      | PER          |                   |   | -9-00   |
| 20   |               | BURIAL, CREMATION,  |                          | 23b DATE               |                                      |                                  | EMETERY OR CREMA                                   |            | 4                                    | RIOWN        |                   | COUNTY  | STATE   |
| Rh   |               | moval/Buria   | 1                        | 1/2/87                 | 7                                    | Arlingt                          | on Nationa   |            |                                      |              |                   |   | Virginia  |
| DHMH - 16 60M 7/B4<br>(VRA 15, 4)  | 29 F          | Tarring   | Funer                    | al Home                | e, Abei                              | rdeen, M                         |  | JAN        | -                                    | 987          |                   | Tinder  | TURE - Paridage                                 |



injury, or other troum

IMPORTANT: If hem 21 is marked ar Item

## STATE OF MARYLAND

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

|               |                                       |             |                                |  |   |                 |               |                | REG. N      | O.            |            |           |          |                   |
|---------------|---------------------------------------|-------------|--------------------------------|--|---|-----------------|---------------|----------------|-------------|---------------|------------|-----------|----------|-------------------|
|               | CEASED NAME                           | FIRST       |                                | MIDDLE                                   | 1 0   | AST             |               | 20 DATE OF     | DEATH       | MONTH         |            | YEAR      | 2b HO    | UR                |
|               | _                                     | Emma        |                                |  | Patte   | erson           |               |                |             | 12 :          | 52 9       | 86        | 11:      | 33 A              |
| 3. SE         | X                                     |             | 4 RACE                         |  | S. DATE C                                       |                 | ARS LAST BIR  | THDAY)         | IF UNDER    |               | _          | ER 24 HRS |          |                   |
|               | Female                                | 20          | Caucas                         | sian                                     | May   | 1 DAY           | 1891          | 9              | 5           | YRS           | MONTHS     | DAYS      | HOURS    | MIN.              |
|               | IRTHPLACE (STATE OR F                 | OREIGN      | 76 CITIZEN OF                  | WHAT COUNTRY?                            | MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNT |                 |               |                |             |               |            | ATH       |          |                   |
| -             | ennsylvania                           |             | U.S.                           | Α.                                       | WIDOW   |                 | NORCED        | Ceci           | 1 Co        | inty          |            |           |          | ME                |
|               | ITY OR TOWN OF DEA                    |             | 11. NAME OF                    | HOSPITAL, NURSIN                         | G HOME C  |                 |               | 120 USUAL C    | CCUPATI     | ION           |            |           | F BUSIN  | VESS OR           |
| E             | Lkton                                 | 31          |                                | HEACHITY, GIVE STREET A                  | -   | cil Cou         | ntv           | Homem          |             | OF WORKING    | LIFE) INDL | JSTRY     |          |                   |
|               | AL RESIDENCE IF NURS                  | 136 COUN    |                                |  |   | Alai Nicias o   | TITY LIANTED  | 13e STREET A   | DDDECC      | / 710 COS     |            |           |          |                   |
|               | aryland                               | Ceci        |                                | Elkton                                   | N   | YES X           | NO T          | 104 Th         |             |               |            | 219       | 221      |                   |
| _             | ATHER'S NAME                          | Ceci        | -1                             | EIRCON                                   |   |                 | S MAIDEN NA   |                | Ollisoi     | II DII        | ve         | 213       | 721      |                   |
|               | FIRST                                 |             | MIDDLE                         | LAST                                     |   |                 | FIRST         |                | MIDDLE      |               |            | LAS       |          |                   |
|               | William                               |             |                                | Pascoe                                   |   | Sus             |               |                | 10000       |               | Ţ          | Wate      | ers      |                   |
|               | WAS DECEASED EVER                     |             | MED FORCES?<br>E WAR OR DATES! | 166 SOCIAL SECU                          | RITY NO   | 17 INFORMA      | NT            |                | ADDRE       | :55           |            |           | 219      | 21                |
|               | No                                    |             |                                | 166 03 9                                 | 041   | Willia          | m Morra       | all, 10        | 4 The       | omson         | Dr.        | Elk       |          |                   |
| 74            | 18 CAUSE OF DEATH                     | H (Enter on | ly one couse per               | line for (a), (b), one                   | dici  |                 | CT. 17        |                |             |               | BE         | APPROXI   | MATE INT | ERVAL<br>ND DEATH |
|               | PART I DEATH W                        |             |                                | respirato                                | 104 0   | rrest           |               |                |             |               |            |           |          |                   |
|               | 100                                   | IMMEDIAI    | E CAUSE (a)                    | respirate                                | 17 0  | 11621           |               |                |             |               |            |           |          |                   |
|               | Section 1                             |             | DUE TO, O                      | R AS A CONSEQUE                          |   | _ 0             | 1             |                |             |               |            |           |          |                   |
|               | Conditions, if ony,                   |             | (b)_                           | CONGESTI                                 | ue h  | eart t          | ai use        | ,              |             |               |            | -116      |          |                   |
|               | gave rise to imn<br>cause (a), statin |             | DUE TO O                       | R AS A CONSEQUE                          | NCE OF  |                 |               |                |             |               |            |           |          |                   |
|               | underlying cause                      | last        | ( (c)                          |  |   |                 |               |                |             |               |            |           |          |                   |
|               | PART 2 OTHER SIGN                     | NIFIC ANT C | ONDITIONS C                    | ONTRIBUTING TO D                         | EATH BUT  | NOT RELATED     | TO THE TERM   | AINAL DISEASE  | OR CON      | DITION G      | IVEN IN P. | ART 1cc   |          |                   |
| Z             | 1)                                    |             | failure                        |  |   |                 |               |                |             |               |            |           | 734      |                   |
| CERTIFICATION | 190 DATE OF OPERAL                    | 7 4 4 4 4   |                                | ITION FOR WHICH                          | OPERATIO  | N WAS PERFO     | RMED          | 20g AUTO       | PSY?        | 20h IF YI     | ES, WERE   | FINDIN    | IGS LIST | ED                |
| FIC           |                                       |             |                                |  |   |                 |               |                |             | IN CERT       | IFYING C   |           | OF DEA   | ATH?              |
| RT            |                                       |             |                                | 5 10 10 10 10 10 10 10 10 10 10 10 10 10 |   | Lave transcript |               | YES            | иОП         | _             | res 📗      |           | NO       |                   |
|               | 21a. ACCIDENT WAS UND                 | _           | 21b. TIME C                    |  | Y YEAR  | ZIC HOW IN      | IJURY OCCUR   | RED (ENTERNAL  | URE OF INJU | RY IN ITEM 18 | PART I ORP | ART 2)    |          |                   |
| MEDICAL       | (IF EITHER NOTIFY MEDIC               |             |                                | M.                                       | 19  | 1.00            |               |                |             |               |            |           |          |                   |
| ED            | 21d. INJURY OCCURE                    |             | 21e PLACE                      |  |   | 21f LOCATI      |               |                | CITY OF TO  | WAR           | COU        | NITY      | 17.7     | STATE             |
| ×             | WHILE NOT WH                          | RK -        | (AT HOME: ST                   | REET, FACTORY, OFFICE, FA                | ARM ETC )                                       | STREE           | Jan. 1.       |                | CITYONTO    | , w N         | (00        | NIT       |          | SIAIE             |
|               | 220.1 certify that (1)                | (this hospi | tal) ottended th               |  | , ,   | 12-1            | 19 86         | , to           | 12          | -25           | 19 8       | 5         | that (I) | (we) last         |
|               | saw the decease                       |             |                                |  | 86 .0   | nd that in (my) | (aur) apinion | death occurred | an the de   | ate and ho    | ur and fro | m the     | causes s | stated            |
|               | above, (I) (we) (c                    | na) (aia na | view the body                  | offer death.                             |   | DEGREE          |               |                |             |               | 224        | DATE      | SIGNED   | 0                 |
|               | 10                                    | 1/          | 1-1                            | M  |   |                 | ATTENDING \   |                | STA         |               |            |           | 25-8     |                   |
|               | 22d. PHÝSICIAN'S NA                   | -           | en                             | 111                                      |   |                 |               | DIRECTOR       | _ PHYSIC    | IAN []        | - 1        | 200       | -0-0     | 50                |
|               | LIG. PATSICIANS NA                    | AME TYPE O  | A PRINT                        | 1 -                                      | (1)   | 22e ADDRES      | 12            |                |             |               |            |           |          |                   |
|               | Richa                                 | rd.         | 5. 14                          | chart,1                                  | MA  |                 |               |                | E           | lkton         | , Md.      |           |          |                   |
|               | BURIAL, CREMATION,                    | REMOVAL     | 236 DATE                       | 23¢ N                                    | IAME OF C                                       | EMETERY OR      | CREMATORY     | 23d. LOCA      | TION        |               | COUNT      |           |          |                   |
|               |                                       |             |                                |  |   |                 |               |                |             |               |            |           |          |                   |

DHMH - 16 60M 7/84 (VRA 15, 4)

12/29/86 Burial

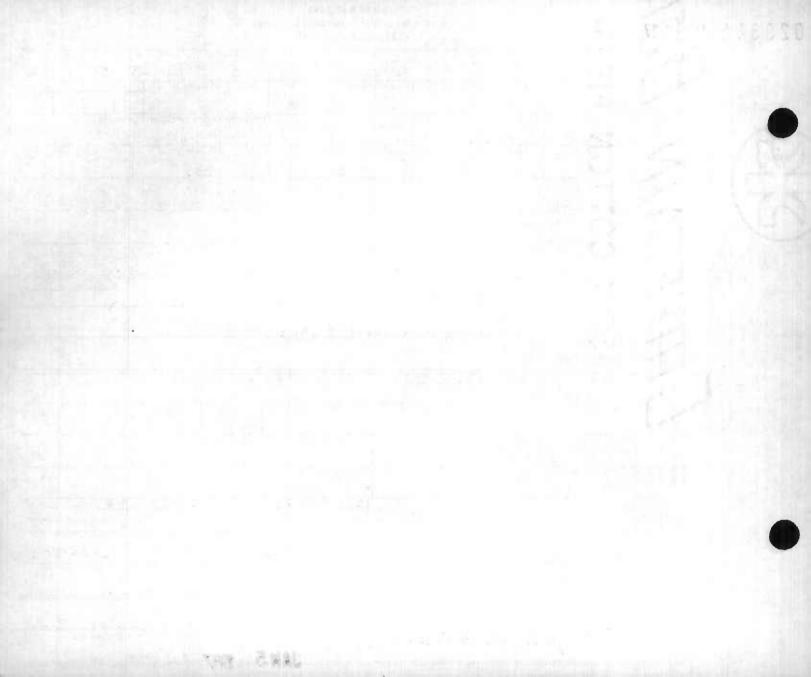
Odd Fellows Cemetery

Pa.

24 FUNERAL DIRE Her Elkton, Md. Hick's Home for Funerals,

Tamaque, Schuylkill,

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



STATE OF MARYLAND - STATE MEGISTRAR REG. NO 20. DATE KNOWN M OF Eleanor DEATH MATED 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 24 HOUR DATE [YACHTAN] YEAR PRONOUNCED 190 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED CHERCAL COSMINITRYS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
Housewife North East LISTIAL RESIDENCE IN IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Ju. STATE 136 COUNTY 13d INSIDE CITY LIMITS? . 13e STREET ADDRESS House Cecil Chesapeake Court 14 FATHER'S NAME S'MOTHER'S MAIDEN NAME Walter not availabe Sherry 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO 035 Court IYES NO OR UNKNOWN) ( F YES, GIVE WAR OR DATES) 186-03-7435 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY theroscleratic heart disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YES NO . 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY TATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE Inspection A 22a I certify that I took charge of the remains described above, held an Autopsy ond in my opinion death resulted fram: Undetermined monner Hamicide ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY (SPECIFY) STATE Buria 07/84 25M TRAR SSIGNATURE PORCE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

And the special states of the second states of the Extended to the state of the st Ac18.73 12 21 Time the state of the state of 33 J. Car Head based A SECRETARIAN DE MENTE 24/15/21 12/21/45 TEPES OF LEE 13 WITH THE DESCRIPTION OF THE STATE OF THE

| 027746 0  | 02            | FOR<br>TATA<br>REGISTRAR   | DEPART  | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH |   | 5 % 9 4   |
|---|---------------|--|---|---|---|---|
|   |               | CEASED NAME FIRST  | MIDDLE  | LAS1  | REG. NO.  20. DATE OF DEATH MONTH                         | DAY YEAR 26 HOUR  |
| ay be   | ITYPI         | JACK   |   | PETERSON  | DECEMBER 12   | 1986 5:30A M  |
| pod pod   | 3 SE          |  | 4 RACE  | 5. DATE OF BIRTH  | 6 AGE (IN YEARS LAST BIRTHDAY)                            | IF UNDER I YEAR IF UNDER 24 HRS.                            |
| ge 4  |               | MALE   | White   | 12 20 30  | 55 YRS  | MONTHS DATS HOURS MIN.                                      |
| Poor Book   | 7a. B         | RTHPLACE (STATE OR FOREIGN   | 76. CITIZEN OF WHAT COUNTRY                               |   | 9. BALTIMORE CITY OR COUNT                                | OF DEATH  |
| merol in 72   | C             | HERVIN   | USA.  | WIDOWED DIVORCED  | Cecil   | MD.   |
| s ofter of the filed with filed with  | 19 C          | Percyulle  | VA MEDICAL CENT   | NG HOME OR OTHER INSTITUTION T ADDRESS) TER PERRY POINT MD          | 170 USUAL OCCUPATION 174PE OF WORK FOR MOST OF WORKING LI |   |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician.  Strength of the strength | 13a           | AL RESIDENCE IF NURSING HOME OR<br>STATE 138, COUN<br>138, COUN<br>ATHER'S NAME                    | NTY BAITHE  |   | 130. STREET ADDRESS / ZIP COD                             | Ad LA. 20878  |
| Complet I ond   | 3             | PAUL<br>VAS DECEASED EVER IN U.S. ARA  | PETERS MED FORCES? 166 SOCIAL SEC                         | N JUAL E  | verhas T  | LAST  |
| oe execution on or  |               | YES, NO OR UNKNOWN) (IF YES, GIVE  | war or Dates 042 30                                       | A   | U - GAITHERS buy  | pet.  |
| ST., BALI   | N             | PART I. DEATH WAS CAUSED   | y one couse per line for 101, 1b1, a<br>D BY: RESPIRATO   | ndicul<br>RY FAILURE  |   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH             |
| de oth  |               | Conditions, if any, which  | DUE TO, OR AS A CONSEQUENCE (16) BRONCHO -                | PNEUMONIA   |   |   |
| by the oase ready cree  |               | gove rise to immediate couse (a), stating the underlying couse lost.                               | DUE TO, OR AS A CONSEQUENCE MALARIAL                      | JENCE OF ENCEPHALITIS   |   |   |
| RDS, 20<br>equires t<br>signed<br>Then ple<br>to burio  | NO            | PART 2. OTHER SIGNIFICANT C  | ONDITIONS CONTRIBUTING TO                                 | DEATH BUT NOT RELATED TO THE TER                                    | MINAL DISEASE OR CONDITION GI                             | VEN IN PART Ito   |
| he low re<br>on.<br>has been<br>t permit.   | CERTIFICATION | 19a DATE OF OPERATION  | 196. CONDITION FOR WHIC                                   | HOPERATION WAS PERFORMED  | IN CERTI  | S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \ \ \ NO \ \ |
| SICIAN: T<br>ng physici<br>certificate<br>priol-transi<br>ental Hygi  |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT   |   | DAY YEAR  | RRED (ENTER NATURE OF INJURY IN ITEM 18                   | PART I OR PART 2)   |
| DIVISION DIVISION OF PHYS T offer this c as the bur and the bur th and Me   | MEDICAL       | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e. PLACE OF INJURY<br>(AT HOME, STREET, FACTORY, OFFICE | FARM ETC.)  211 LOCATION STREET                                     | CITY OR TOWN  | COUNTY STATE  |
| TENDIN<br>ntol ar<br>OR: Af<br>or use or<br>or use or<br>if Health  |               | 220 1 certify that (1) (this haspit<br>sow the deceased alive an<br>above, (1) (we) (did) (did not | ol) attended the deceased from DECEMBER 12                |   | to DECEMBER 12.   | 19_86, that (I) (we) lost                                   |
| the hosp<br>toched for<br>toched for<br>e Dept. o   |               | obove, (I) (we) (did) (did not<br>22b. SIGNATURE   | out Was C   | DEGREE ATTENDING  | MEDICAL STAFF   | 221. DATE SIGNED 12–12–86                                   |
| HOSPITAL<br>Inned by th<br>FUNERAL<br>UIGH be detail<br>of the Store  |               | 224 PHYSICIAN'S NAME (TYPE OF  | PRINT)  | PHYSICIAN 22e ADDRESS   | DIRECTOR PHYSICIAN  | 12-12-00  |
| TO HOSPITAL   |               | PREM LAL   |   | VA MEDICAL  | CENTER PERRY POI  | NT MD 21902   |
|   |               | BURIAL, CREMATION, REMOVAL   | 236 DATE 23c  | NAME OF CEMETERY OR CREMATORY                                       | 23d. LOCATION<br>CITY OR JOWN                             | COUNTY STATE  |
| BP  | 24 F          | JOURNAL DIRECTOR   | 1410/86   | Arling TON NATIONAL   | TE REC'D. BY REGISTRAR 256 REGIST                         | Helpige UH.   |
| DHMH - 16 60M 7/84<br>(VRA 15, 4)   |               | w. chelt   | Balland   | ele me ver  | TE REC D. BY REGISTRARY 258 REGIS                         | KAK 2 216 NATUKE  |

The New Williams MARKAGINAL COMMENTS

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGILIGE

CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO. DEGEASED NAME FIRST MIDDLE 20. DATE OF DEATH MONTH 2h HOUR PR PRINT 0330 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY MONTH DAY Female White Sept 29 1906 TO BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY North Carolina U.S.A. WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Union Hospital of Cecil County Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Ceci1 Elkton NO 🔽 172 Hilltop Road, 21921 Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALIOCHE LAST MIDDLE Will Church Emily Stone 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 213 20 2708 No Ruby Dunn, 12 Rock Creek Dr., Elkton, Md. 21921 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INITIRY CITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM ETC.) STREET NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive an and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE ATTENDING. MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME IT E OF PRINT 22e ADDRESS 1700 Shallcross Ave., Wilm. De. Yogish Patel M.D. 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. BURIAL, CREMATION, REMOVAL 23b. DATE STATE CITY OF TOWN COUNTY Nov. 20,1986 Union Cemetery Burial Union Cecil Md. 24 FUNERAL DIRECTOR 250. DAJE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

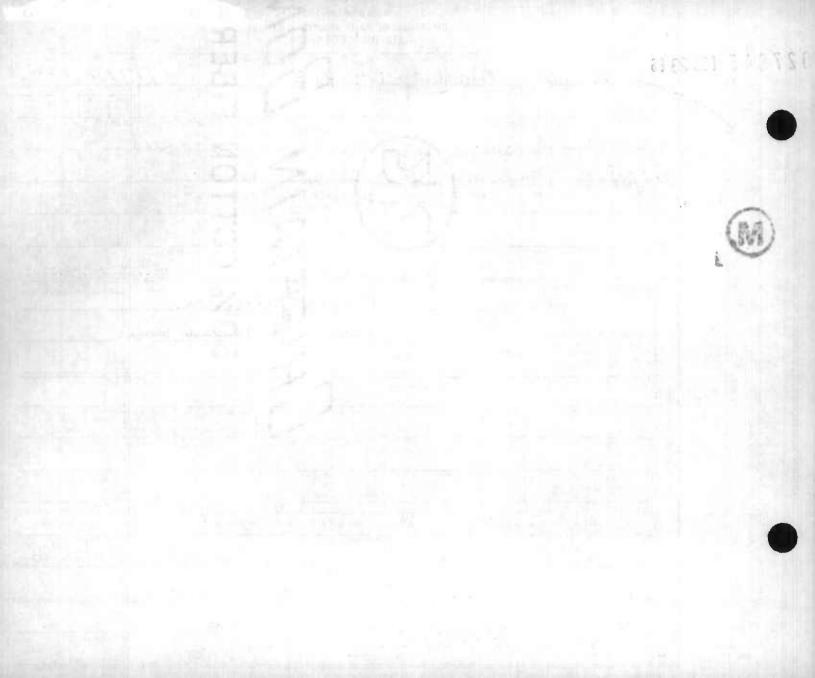
Elkton, Md.

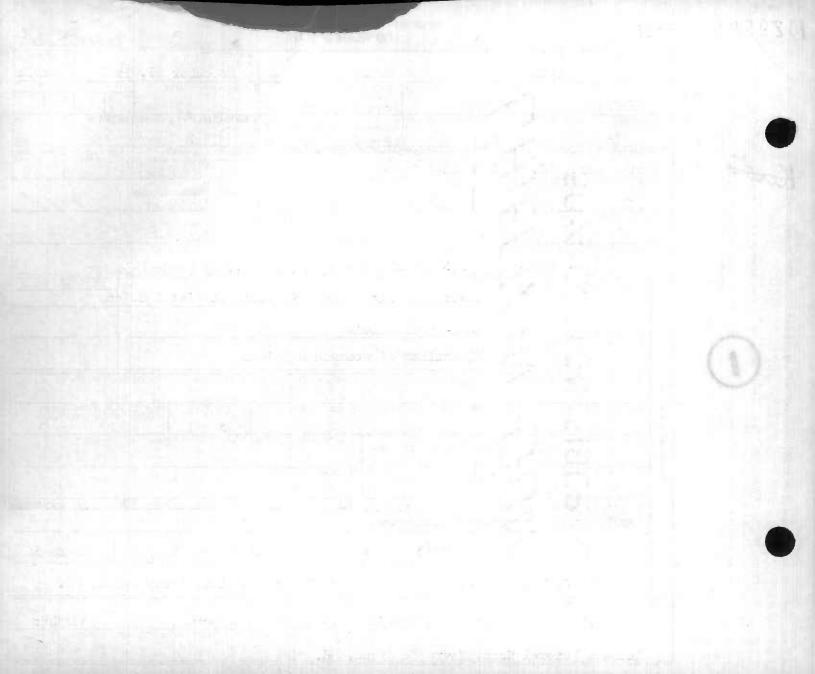
DHMH - 16 60M 7/84 (VRA 15, 4)

Hicks Home for Funeral's,

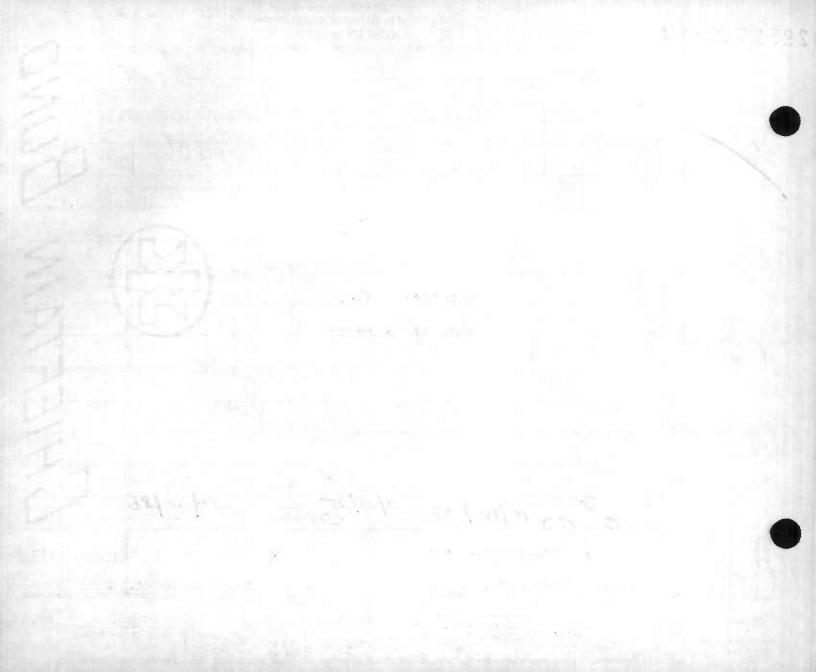
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should b ORT



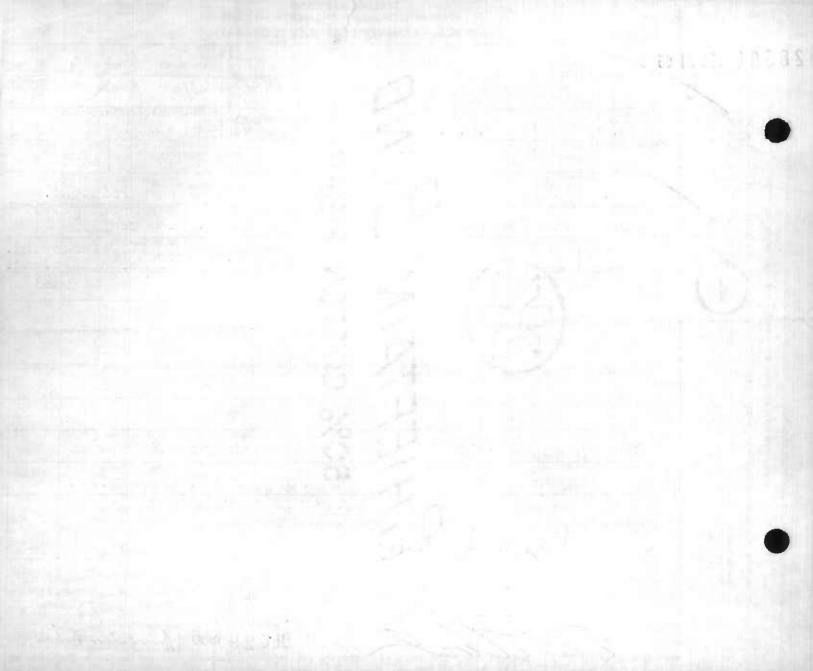


STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWN CIAY DEATH MATED **JOANNA** 12-18-86 NOFT. RANDALL DATE OF BIRTH 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED July 30 197 9 Female White 12-18-86 9:16a 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Neb. WIDOWED [ DIVORCED Cecil County 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS Student Student Union Memorial Hospital Elkton ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 130 STREET ADDRESS Turkey Point Rd. 13a. STATE Ceci] North East 13d. INSIDE CITY LIMITS? Md. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME James Randall Kathleen J. "Ashmore 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMAN ADDRESS Turkey Pt. (YES, NO, OR UNKNOWN) 507-98-9807 Kathleen J. Walker North East. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SETWEEN ONSBEAND DED PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a, DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH pedestrian struck by a vehicle 21e PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC.1 Md. Rt. 272, 0.2ml N. Cecil Co., Md. NOT WHILE AT WORK hawy. AT WORK EXECUTE THE CERTIFICATE. N PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA FIRE DEATH, WITH THE STY BALTIMORE, MARYLAND, 2 of Hances Pt. Rd.
Autopsy X, Inspection 220 I certify that I took charge of the remains described above, held an and in my apinian Accident X death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 12-19-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 12-22-86 North East Meth. North 07/B4 Home North East, **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



AND THE STATE STATE TO STATE OF THE STATE OF

## 0 2 6 8 8 5 DEU 12 METRAR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1              |   |                               | REG. NO                           |   |
|--|---|-------------------------------|-----------------------------------|---|
| I. DECEASED NAME FIRST                             | st Clay Reedy   | LAST                          | 20. DATE OF DEATH M               | 12 8 8 1 12 5 HOUR                              |
| 1.5EX  | 4. RACE   | S. DATE OF BIRTH              | 6 AGE (IN YEARS LAST BIRTH        | 12,77M  |
| 1,110  |   | MONTH DAY YEA                 | R                                 | MONTHS DAYS HOURS MIN.                          |
| Male   | Caucasian   | Nov. 8 192                    |                                   | YRS   |
| BIRTHPLACE (STATE OR FOREIGN COUNTRY)              | 76 CITIZEN OF WHAT COUNTRY                                      | MARRIED NEVER MARRIE          |                                   |   |
| Virginia   | U.S.A.  | WIDOWED DIVORCED              |                                   | Cecil County MD.                                |
| CITY OR TOWN OF DEATH                              | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE | ING HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATIO               |   |
| Elkton   | Union Hospital  | l of Cecil County             |                                   | Bldg. Trade                                     |
| 30 STATE IS NOT THE TITLE TO STATE                 | E OR OTHER INSTITUTION GIVE RESIDENCE BEFO                      |                               | TS? 13e STREET ADDRESS /          | ZIP CODE  |
| Maryland C   | ecil Elktor   |                               |                                   | all Rd., Elkton 2192                            |
| 4. FATHER'S NAME                                   | MIDDLE LAST   | IS. MOTHER'S MAIDE            |                                   | LAST  |
| Connie   | Reeds   |                               | WIDDE                             | Henderson                                       |
| 60 WAS DECEASED EVER IN U.S.                       | ARMED FORCES? 166 SOCIAL SEC                                    |                               | ADDRES                            |   |
| (YES NO OR UNKNOWN) (IF YES                        | GIVE WAR OR DATES) 231 16                                       | 1340 Carrie H.                | Reedy 2606 Blu                    | e Ball Rd., Elkton, Me                          |
| CAUSE OF DEATH (Enter                              | anly ane cause per line far (a), (b), c                         |                               | ACCUTY/2000 DIG                   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAL                              | JSED BY   | mark Eden                     | - E Cardina                       | rest  |
| IMMEL  | DIATE CAUSE (a)   | 7                             |                                   |   |
| Canditians, if any, which                          | DUE TO, OR AS A CONSEQ  | VENCE OF Sente                | MI                                | Immediate                                       |
| gave rise to immediate                             |   | 7,000                         |                                   | 721   |
| cause (a), stating the underlying cause last.      | DUE TO, OR AS A CONSEO  | UENCE OF                      |                                   |   |
| 21010 07:450 00:455                                | (c)   |                               |                                   |   |
| - 1  | of conditions <u>contributing to</u>                            | DEATH BUT NOT RELATED TO THE  | TERMINAL DISEASE OR COND          | TION GIVEN IN PART 110                          |
| 190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING | 19 CONDITION FOR WHAT   | HOPERATION WAS REFORMED       | 20a AUTOPSY?                      | 20b. IF YES, WERE FINDINGS USED                 |
| DE L   |   |                               | N N                               | IN CERTIFYING CAUSES OF DEATH?                  |
| 210 ACCIDENT WAS UNDERLYING                        | 1 21b. TIME OF INJURY   | 21¢ HOW IN ILLRY O            | CCURRED (ENTER NATURE OF INJURY   | YES NO  |
| On CONTRACTOR CALIFE OF                            | DEATH HOUR A.M. MONTH   | DAY YEAR                      | CCOUNTS (ENTER MATORE OF MATOR    | IN IEM IS PART   ORPAR) 2)                      |
| (IF EITHER NOTIFY MEDICAL EXAM                     | P.M.  | 19 21f LOCATION               |                                   |   |
| NOT WHILE  | (AT HOME, STREET FACTORY OFFICE                                 |                               | CITY OR TOW                       | N COUNTY STATE                                  |
| AT WORK AT WORK                                    |   | 10/01                         | /                                 | 18/01   |
|  | aspital) attended the deceased from                             |                               | , ta /2                           | 19.3 (3. that (1) (we) last                     |
|  | an 19 19 19 19 19 19 19 19 19 19 19 19 19                       |                               | pinian death accurred an the dati | e and haur and from the causes stated           |
| 226. SIGNATURE                                     | 16  | DEGREE                        | NO MEDICAL STAFF                  | 221 DATE SIGNED                                 |
| year a   | 1 Jarka, M  | PHYSICI                       |                                   | IN 12/8/86                                      |
| 224 PHYSICIAN'S NAME ITY                           | E OR PRINT)   | 22e ADDRESS                   | 1 . 10 10                         | 7 2111  |
| Henry  | 1 tarkas, 1   | In Union 1                    | tosts oflecil Co                  | Laly, Elkton, MD                                |
| 30. BURIAL, CREMATION, REMOV                       | AL 23b DATE 23c   | NAME OF CEMETERY OR CREMAT    | ORY 23d LOCATION                  |   |
| Burial,  | 12/11/86 ) Ur   | ion Cemetery                  | Union                             | Cecil Md.                                       |
| 4 FUNERAL DIRECTOR                                 | ephic Her   | 6 - 25                        | DATE REC'D. BY REGISTRAR 2        |   |
| NAHicks Home                                       | for Funerals ADDRESS  | Elkton, Md.                   | FO                                |   |

DHMH - 16 60M 7/84 (VRA 15, 4)

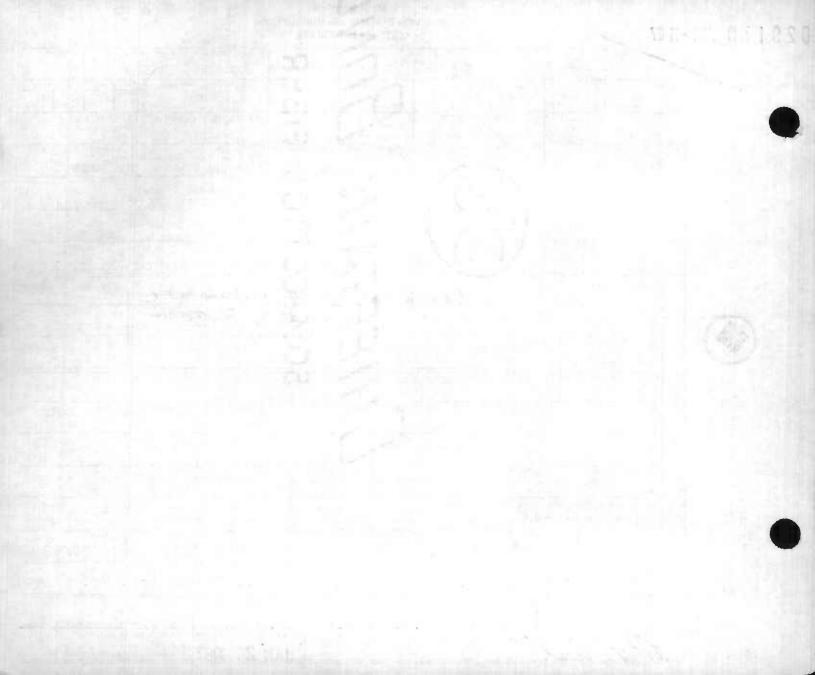
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TO FUNERAL DRECTOR As should be denuched for use of the Store Dept. of Health IMPORTANT, if hem 21 is not

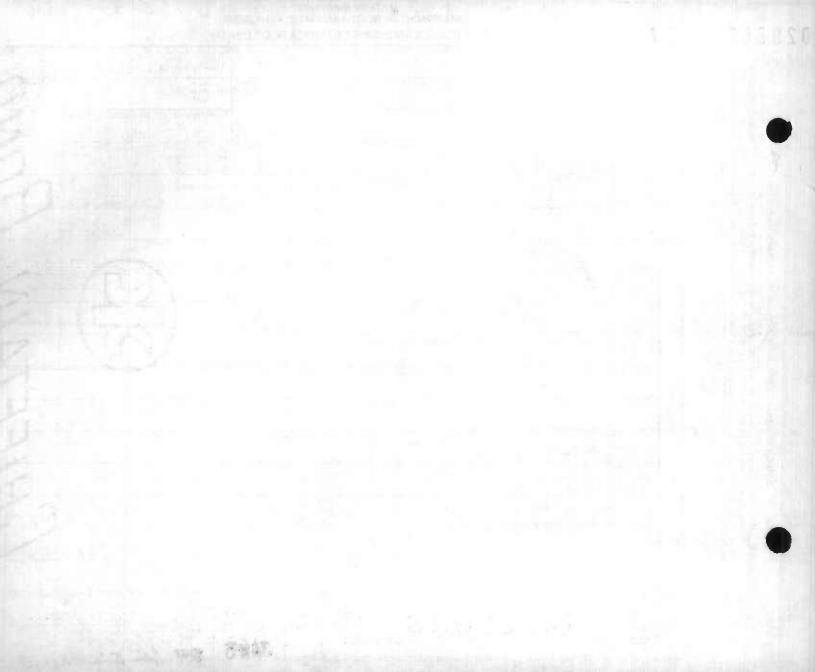


|  | 1.            | FOR<br>STATE<br>REGISTRAR  |                    | DEPARTA  | MENT OF HE         | OF MARYLAND<br>ALTH AND MENTAL HYO<br>CATE OF DEATH |                    | REG. NO.                 | 3 5 2                                     | 2 7 1  |
|--|---------------|--|--------------------|--|--------------------|---|--------------------|--------------------------|---|--|
| 7 1 1 0 0000 10  |               | CEASED NAME FIRST  |                    | MIDDLE   | LA                 |   | 20 DATE OF DE      |                          |   | A TIOOK  |
| 7   2   8 DEC 15   | NO            | OR PRINT) Antl   | lony               | J.   | R                  | ieder   | Dec.               |                          | 1986                                      | 11:15 m  |
| ge 4 mo  | 3 SE          | Male   | 4 RACE<br>WY       | nite   | 5. DATE OF         | 15°, 19°0   | 6 AGE (IN YEAR)    | LAST BIRTHDAY            | MONTHS DA                                 |  |
| eath. Po   | <b>Р</b> Ш В  | RTHPLACE (STATE OR FOREIGN   |                    | what country?  | MARRIED<br>WIDOWED | NEVER MARRIEDX                                      | 1                  | CITY OR CO               | OUNTY OF DEATH                            | MD.  |
| 10   | 10 C          | Elkton   |                    | HOSPITAL, NURSIN   |                    | OTHER INSTITUTION                                   | Retire             | CUPATION<br>RMOST OF WOR | RKING LIFE) 125. KINI<br>INDUST<br>CCO    | or Business or untant                              |
| within 24 hour   | 13a :         | AL RESIDENCE (IF NURSING HOME OF TABLE 13b. COU  | ROTHER INSTITUTION | 13E CITY OR TOW  | East               | 13d. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA     | ME                 |                          | Ahigal                                    |  |
| Po THE ACT   |               | Phillip  |                    | Ried   |                    | Adalaid   |                    |                          | Soh                                       | err  |
| The die  |               |  | VE WAR OR DATES    | 16b. SOCIAL SECU   |                    | 17 INFORMANT  |                    | ADDRESS                  |   |  |
| e e  |               | yes WW   | 2                  | 1/16-18-1  | 2411               | Victor Rie  | der P.C            | . 440                    | 6 North                                   | East M<br>ROXIMATE INTERVAL<br>EEN ONSET AND DEATH |
| igned by the attendent please can please remove ca burio, cremation, or y, or other trauman  | Z             | Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT | (b)                | OR AS A CONSEQUE   | INCE OF            | A TAWDIC<br>NOT RELATED TO THE TERA                 | E, Feu             | en R CONDITIO            | DN GIVEN IN PART                          | The:   |
| 1  | CERTIFICATION | IN DATE OF OPERATION   | IN CONC            | DITION FOR WHICH   | OPERATION          | WAS PERFORMED                                       | 70s AUTOPS         | SEX 1509                 | IF YES, WERE FIN<br>CERTIFYING CAU<br>YES | IDINGS USED<br>SES OF DEATH?<br>NO                 |
| Class To graphics of physics individual transformation to the page of the page             | INSHI         | 21st ACCEPHT WAS UNDERLYING. [ DK CONTRIBUTING. ] CAUSE OF DE UP EITHER, NOTIFY MEDICAL EXAMINE                          | ATH HOUR A         |  | Y YEAR             | TICHOW INJURY OCCUR                                 | RED (ENTER WATER   | COF HALIRY IN F          | TEM IS PART 2 OR PART                     | a  |
| 11 1 1 2 b   | MEDICAL       | THE INJURY OCCURRED  |                    | OF INJURY  | aw.ee.             | TH. LOCATION  | - 4                | ts ox town               | county                                    | SOUTH.   |
| ATTENDING<br>maptial or oth<br>CTOR After<br>of the use of the<br>of the state of the of th |               | 226.1 certify that (II (*) spw the decept (E a) we a above, (II (we) (I d) digre   | attended of        | Adoption of the Company of the Compa |                    | 77 19_<br>that in (my) (our) opinion                | totod              | 16/2                     |   |  |
| O HOSPITAL OR<br>Transed by the far<br>O FLINERAL DRE<br>hould be describe<br>on the Soale Depart  | K             | 224 PHYSICIAN S NAME IN Philip Po  | Iner,              | MD.  | wi                 | 77¢ ADDRESS   | MEDICAL<br>DRECTOR |                          | 17  | Med.   |
| 0 1 2 2 1 4  | 23a B         | L<br>Burial, cremation, remova<br>SPECE Burial   |                    | [ 23c N  |                    | METERY OR CREMATORY<br>d Cemetery                   | Phila              | N                        | Phila.                                    |  |
| DHMH - 16 60M 7/B4<br>(VRA 15, 4)  | 24 F          | JNERAL DIRECTOR  | Fun                | RAL HON  | ne, P.<br>EIKK     | n mdutti C  |                    | ISTRAR 25b. I            | REGISTRAR'S SIGN                          | VATURE   |

127111 - 151515 7/1/27 - 72/0/25



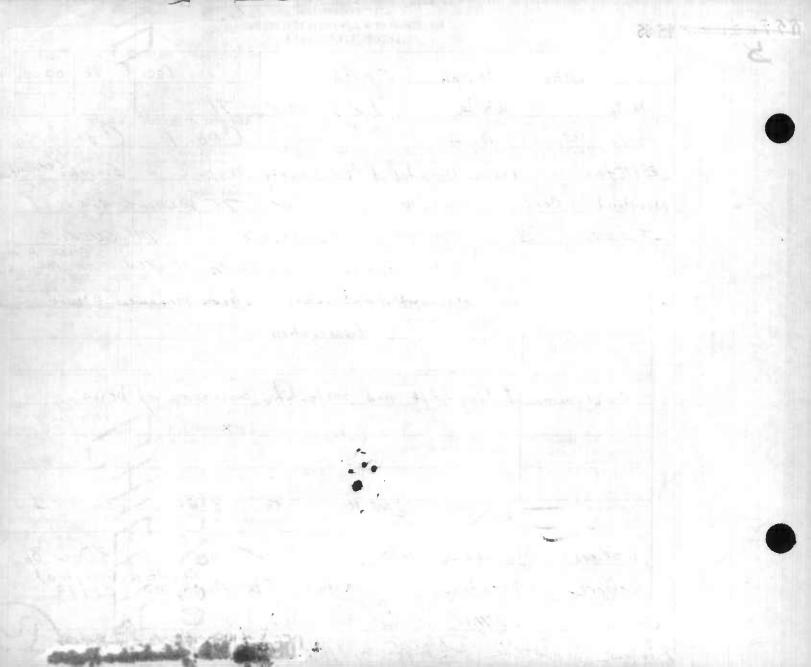
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1. DECEASED NAME 20 DATE KNOWN MONTH TYPE OR PRINTS DEATH MATED Billie Burton Settle 27/1086 5. DATE OF BIRTH 6. AGE (IN YEARS 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS. 3 SFX DATE LAST BIRTHDAY PRONOUNCED 1923 Sept. 2 Male White DEAD 27/1986 63 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO RIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY North Carolina U.S.A. WIDOWED T DIVORCED Cecil County, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE Elkton Union Hospital of Cecil County Mechanic USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 13a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Cecil Maryland Elkton NO DX 6 Sumpter Lane, Elkton, Md 2192 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST E. Burt Settle Carrie C. Buchette 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) WW II 250 24 4732 Mary E. Thinesen, 6 Sumpter Lane, Elkton, Md. Yes 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? SHOULD BE SEPARTMENT NO [ 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 714 INJURY OCCURRED IL LOCATION STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN STATE WHILE AT WORK 229 I certify that I taak charge of the remaining actions above, held on Autopsy Inspection and in my opinion death resulted from Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 12/28/86 Assistant MEDICAL EXAMINER SIGNATUR EXAMINER'S NAME Dennis F. Smyth, M.D. III Penn St. (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL, CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR STATE Long Tsland V. A. National Cemetery Burial 12/31/86 N.Y. Suffolk 07/84 BP BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Hicks Home for Funerals ORESS Elkton, Md. (VR A15 ME (5)) Julia Dindon Pendage



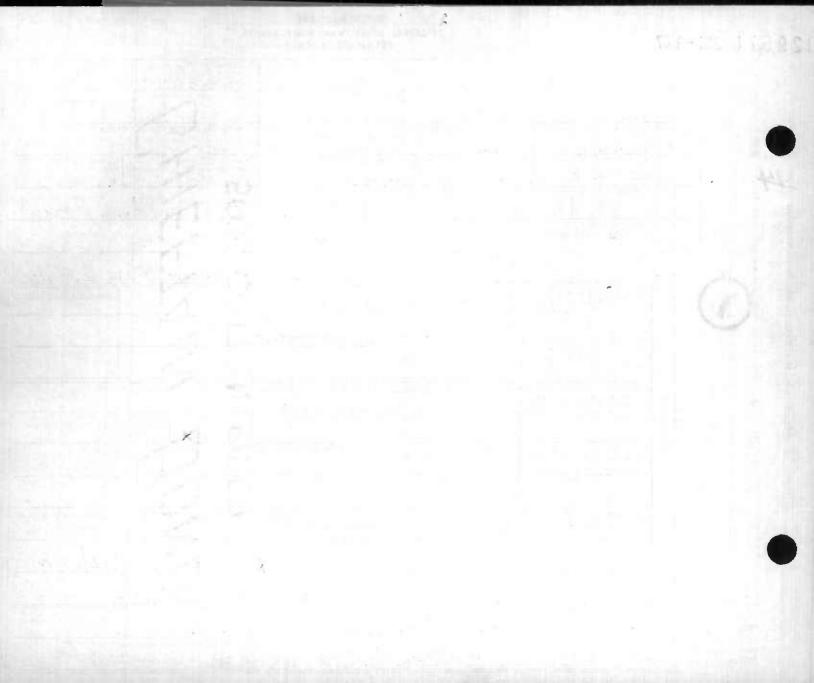
| 02                            | 6840 D   | C1/           | FOR<br>STATE<br>REDITRAR  |                                     | DEPARTN                                | MENT OF H              | OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | REG. NO.   | 5 5 2   | 7 4               |
|-------------------------------|--|---------------|---|-------------------------------------|--|------------------------|---|--|---|-------------------|
| -                             | -  |               | CEASED NAME FIRST   |                                     | WIDDLE                                 | ı                      | AST   | 20. DATE OF DEATH MONTH  | DAY YEAR  | 2b. HOUR          |
|                               | nay be<br>page 3   |               | Ste   | lla                                 | E.                                     |                        | Seward  | Dec. 4, 198  | 36  | 3:15 R            |
|                               | 4 mo)  | 3. SE         | х   | 4 RACE                              |  | 5. DATE C              |   | 6. AGE (IN YEARS LAST BIRTHDAY)                                  | MONTHS DAYS   |                   |
|                               | ecto<br>irs of   |               | Female  | Whi                                 | te                                     | Dec.                   | 29, 1900  | 85 YR  | S.  | MIN.              |
| •                             | neerol dir   |               | RTHPLACE (STATE OR FOREIGN COUNTRY) Orth East, M  |                                     | .S.A.                                  | 8.<br>MARRIE<br>WIDOWE | NEVER MARRIED                                   | 9 BALTIMORE CITY OR COUL   | NTY OF DEATH  | MD.               |
| 2                             | by the fulled with   |               | ITY OR TOWN OF DEATH Zion   | Rest a                              | While I                                | VULS                   | nother institution ing Home                     | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE | IG LIFE) INDUSTRY   | home              |
| MARYLAND 2120                 | 724 hou  | 130.          | AL RESIDENCE (IF NURSING HOME<br>STATE 13b. CO  | OR OTHER INSTITUTION UNITY CECIL    | GIVE RESIDENCE BEFORE                  | N                      | 136. INSIDE CITY LIMITS?                        | 130. STREET ADDRESS West   | Main S  | treet             |
| MARYL                         |  | 14. F.        | James   | WIDDIE                              | Hammon                                 | nd                     | 15. MOTHER'S MAIDEN NA.                         | MIDDLE   |   | odnow             |
| BALTIMORE                     | n ond ce. Poges I  |               | WAS DECEASED EVER IN U.S.<br>YES, NO OR UNKNOWN) (IF YES,   | ARMED FORCES?<br>GIVE WAR OR DATES) | 213-20-                                |                        | Charles N.                                      | Seward 201   | ewark,<br>W. Park   |                   |
| W. PRESTON ST., BAL           | hat the death certificate by the attending physici sose remove corbonapoper I, cremation, or removal. other traumatic event, th                      |               | 18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost. | DUE TO, O                           | RAS A CONSEQUE                         | NCE OF                 | ARTEMY AC                                       | NT ALSENSE   |   | N ONSET AND DEATH |
| DIVISION OF VITAL RECORDS, 20 | he law requires than on.  has been signed it permit. Then ples sene prior to burso one any injury, or  | CERTIFICATION | PART 2. OTHER SIGNIFICAN  |                                     |  |                        | NOT RELATED TO THE TERM                         | 200 AUTOPSY? 200. IF   | GIVEN IN PART 1.  YES, WERE FINDI RTIFYING CAUSE YES  YES | INGS USED         |
| OFVIT                         | G PHYSICIAN: The Is offending physicion. Iter this certificate has the burial-transit per and Mental Hygiene and Mental Hygiene ked or them 18 shows |               | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFEITHER NOTIFY MEDICAL EXAMI  | DEATH                               | PEINJURY<br>M. MONTH DA<br>M.          | Y YEAR                 | 21c. HOW INJURY OCCUR                           | RED (ENTER NATURE OF INJURY IN ITEM                              | 18 PART I OR PART 2)                                      |                   |
| NOISION                       | de fabb  | MEDICAL       | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK   | 21e. PLACE<br>(AT HOME, STI         | OF INJURY<br>REET, FACTORY, OFFICE, FA | ARM, ETC J             | 211. LOCATION<br>STREET                         | CITY OR TOWN   | COUNTY  | STATE             |
|                               | R ATTENDING<br>hospital or att<br>RECTOR: After<br>red for use as the<br>ppt. of Health a<br>lem 21 is marke   |               | 220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did  | 00 1-9                              | 10                                     | 9                      |   | to 12 - 4<br>death occurred on the date and                      | hour and from the   |                   |
|                               |  |               | 226. SIGNATURE  ALLUDOL  226. PHYSICIAN'S NAME (IVE   | hy                                  | mil                                    |                        | ATTENDING PHYSICIAN S                           | MEDICAL STAFF DIRECTOR PHYSICIAN                                 | 22c. DATE   | -4-86             |
|                               | retained by the TO FUNERAL should be det with the Store  |               | Rolando A   | . Najer                             | a, M.D.                                |                        | 105 E. Ma                                       | in St., Elkto  | on, Md.   |                   |
|                               | BP   |               | BURIAL, CREMATION, REMOV  | 23b. DATE<br>12-8-                  | 06 00                                  | erry                   | Hill Meth.                                      | 23d LOCATION CITY OR TOWN Cherry Hil                             |   | STATE Md.         |
| DH                            | MH - 16 50M 4/82<br>(VRA 15, 4)  | 24 F          | UNERAL DIRECTOR   | neral                               | Home.                                  | EIK                    | top md DEC                                      | O 8 1900; Juliania   | GISTRAR'S SIGNA   | di mana           |

02 5 6 1 T 6 6 12 13 THE REPORT OF THE PARTY OF THE

|  | 1           | 150   |   | STATE OF MARYLAND                                   | 80                          | 5 3                   | to 1 al              |
|--|-------------|---|---|---|-----------------------------|-----------------------|----------------------|
| 7186 DEC   | 6.          | STATE   | DEPA  | RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH |                             |                       |                      |
| 5  | 1.06        | REGISTRAR CEASED NAME FIRST                           | MIDDLE  | LAST LAST   | REG. NO                     |                       | YEAR 2b. HOUR        |
| X 25   |             | OR PRINT!   | 1   | ~   |                             |                       | 86 0200m             |
| dod do   | 1. SE       | JOHN  | 14 RACE   | 5. DATE OF BIRTH                                    | 6 AGE (IN YEARS LAST BIRTI  |                       | - M                  |
| 4 96   |             | 4. 1  | rate da   | MONTH DAY YEAR                                      | - 71                        | YRS.                  | DAYS HOURS MIN.      |
| 1101   |             | RTHPLACE (STATE OR FOREIGN                            | 7b. CITIZEN OF WHAT COUNT                       | WO IS   | 9 BALTIMORE CITY OF         |                       | АТН                  |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |             | Phila PA  | USA   | MARRIED NEVER MARRIED WIDOWED DIVORCED              | 1 /000                      | (                     | Ø MD                 |
| 林沙   | 10 C        | TY OR TOWN OF DEATH                                   |   | SING HOME OR OTHER INSTITUTION                      | 12a USUAL OCCUPATIO         |                       | CIND OF BUSINESS OR  |
| 3 601  | 1           | EIRton  | Union Hash                                      | Fal of Coul Count                                   | MehaniL                     |                       | e Utton CONStruction |
| 52 101   | USU<br>13e. | AL RESIDENCE (IF NURSING HOME OF ALE                  | OR OTHER INSTITUTION GIVE RESIDENCE BE          | FORE ADMISSION) OWN 113d, INSIDE CITY LIMITS?       | 130. STREET ADDRESS         |                       | Les 1919             |
| 1000   |             | anyland Ce  | el Carler                                       | ille YES NO   |                             | mont A                | va /                 |
| 10 11  | 14. F/      | THER'S NAME   | MIDDLE LAST                                     | 15 MOTHER'S MAIDEN N                                | AME                         |                       | LAST                 |
| 13/1/4   | 1-          | JAMES   | B. SM.  | 1th EL1216  | efh ADDRE                   | W.C                   | ULKIN                |
| 18 31  |             | VAS DECEASED EVER IN U.S. A                           | ARMED FORCES? 166 SOCIAL SI                     | - 1121 -  | - 11 7                      | - 1/02 mande          | - Grove Aim          |
| 1  | -           |   | 197-0   | 79-4964 JANE C.                                     | SMHh 15                     | VOCAISION             | 2/9/9                |
| mt. ti   |             | 18 CAUSE OF DEATH (Enter of<br>PART I. DEATH WAS CAUS | only one couse per line for (a), (b)<br>SED BY. | ond real  | - 1.1                       |                       | APPROXIMATE INTERVAL |
| 998  |             | IMMEDI  | ATE CAUSE (0) MYD GO                            | rdial inferenon c                                   | e rectionne                 | Konka                 | D hours.             |
| 9 9 9 9  |             |   | DUE TO, OR AS A CONSE                           |   |                             |                       |                      |
| 100  |             | Conditions, if any, which gove rise to immediate      | (p)   | dissociation  |                             |                       |                      |
| Critical Cri |             | cause (a), stating the underlying cause last.         | DUE TO, OR AS A CONSE                           | QUENCE OF   |                             |                       |                      |
| pled<br>produ  |             | PART 2 OTHER SIGNIFICANT                              | (c)   | TO DEATH BUT NOT RELATED TO THE TER                 | MINAL DISEASE OR CONF       | ITION GIVEN IN P      | ART I/O:             |
|  | 20          | Carcinem  | +1 0  | and metastation                                     |                             | $\cap$                |                      |
| 81857  | 18          | 198 DATE OF OPERATION                                 |   | CH OPERATION WAS PERFORMED                          | 200 AUTOPSY?                | 20b. F YES. WERE      |                      |
| 1411/  | E E         | 100 PAR ST. 107 F                                     |   |   | YES NO                      | YES [                 | NO [                 |
| 1200   | CENT        | 21a. ACCIDENT WAS UNDERLYING                          |   | DAY YEAR  | RRED (ENTER NATURE OF INJUR | IN ITEM 18 PART I ORF | PART 2)              |
| 1117   | 3           | OR CONTRIBUTING CAUSE OF D                            | ACMIIII   | 19  |                             |                       |                      |
| 1 × 5/   | 9           | 21d INJURY OCCURRED                                   | 21e. PLACE OF INJURY                            | 21 LOCATION  STREET                                 | CITY OR TOV                 | /N COL                | INTY STATE           |
| h an   | 12          | AT WORK AT WORK                                       |   | *   |                             | 100                   |                      |
| 10 1   |             | 220.1 certify that (1) (the                           | estal) attended the deceased fro                |   | 2 , to 8 Dec                | 19_6                  | b_, that (I) () last |
| 5 5 5  |             | saw the deceased alive a                              | on 8 100 11                                     | ond that in (my) (our) opinion                      | n death occurred on the do  | te and hour and fr    | om the causes stated |
| 100  |             | 22b. SIGNATURE  | <i>A</i>  | DEGREE  |                             |                       | . DATE SIGNED        |
| T H  |             | Wollses.  | Obenshain                                       | MD. ATTENDING PHYSICIAN                             | DIRECTOR PHYSIC             | AND 8                 | Dec 86               |
| 30 3 1   | 1           | 224. PHYSICIAN'S NAME (TYPE                           | E OR PRINT)                                     | 22e ADDRESS   | . Cer                       | Honim                 | and land             |
| PORT   |             | Wolloce   | Oblinchain                                      | wallace l   |                             | mp 2                  |                      |
| 5137   | 23a         | BURIAL, CREMATION, REMOVA                             | AL 236. DATE 2                                  | 34 NAME OF CEMETERY OR CREMATORY                    | 23d. LOCATION               |                       |                      |
|  | 1           | BURIAL  | 12/11/86  | SAINTS Peter + PAUZ                                 | MALPLE                      | Sel.                  | PA.                  |
| 16 50M 4/82  | 24 F        | UNERAL DIRECTOR                                       |   | 1000  | AN POST MONTH OF A          | AN AEGISTRAP'S        | Balan.               |
| RA 15, 4)  | 7           | ichard L G  | orque Kisi                                      | ing delte, Illa:                                    |                             | Section in            | Shahara              |



| 29574 JAN-  | 8 847         | FOR<br>- STATE<br>REGISTRAR   |                                      | DEPA   | RTMENT OF       | E OF MARYLAND<br>BEALTH AND MENTAL HYO<br>ICATE OF DEATH                                      | GIENE 8 6                | Š                  | 5 2            | 7 0             |
|---|---------------|---|--------------------------------------|--|-----------------|---|--------------------------|--------------------|----------------|-----------------|
|   |               | CEASED NAME FIRST   |                                      | WIGDTE   |                 | AST   | 20 DATE OF DEATH         | MONTH DA           | Y YEAR         | 26 HOUR         |
| nay be<br>page 3  |               | Vincen  | it                                   | R.   | J               | llmer   | December 2               | 27, 198            | 6              | 1:06P M         |
| Po po   | 3 SE          | х   | 4 RACE                               |  | 5. DATE (       | OF BIRTH  | 6. AGE (IN YEARS LAST BH |                    | UNDER I YEAR   | IF UNDER 24 HRS |
| of of o   |               | Male  | Caucasi                              | an   |                 | 17,1890   | 96                       | YRS.               | INIHS DAYS     | HOURS MIN.      |
| 2 30 1/   | 7a. B         | IRTHPLACE (STATE OR FOREIGN COUNTRY)  | 76 CITIZEN OF                        | WHAT COUNT   | RY? 8.          | D NEVER MARRIED   | 9 BALTIMORE CITY         | R COUNTY C         | F DEATH        |                 |
| 1 1 1   | Vas           | sh, D.C.  | U.S.A.                               |  | WIDOWI          |   | Cecil                    |                    |                | MD.             |
| 11 h  |               | ITY OR TOWN OF DEATH  |                                      | HOSPITAL, NUF  | RSING HOME      | OR OTHER INSTITUTION  | 12a. USUAL OCCUPAT       |                    | 12b. KIND OF   | F BUSINESS OR   |
| 514 is de   | A P           | erry Point  | eterans                              |  |                 | al  | Auto Mecha               |                    | II.S. G        | ovt             |
| AND 211   | 13a V         | AL RESIDENCE OF NURSING HOME OF STATE  ATLI   | OTHER INSTITUTION                    | GIVE RESIDENCE BE  | FORE AUMISSION) | 13d. INSIDE CITY LIMITS?  | 130.STREET ADDRESS       | / ZIP CODE         | Topic .        | 22202           |
| MARY.   |               | tudolph Ullmer  | WIDGE                                | LAST   |                 | 15. MOTHER'S MAIDEN NA  | AME                      | rthey              | LAST           |                 |
| # 5 5 B   |               | WAS DECEASED EVER IN U.S. AR  |                                      | 166 SOCIALS  | ECURITY NO.     | 17. INFORMANT   | ADDR                     | ESS                |                |                 |
| OWI TO BOOK   |               | res no or unknown) (IF YES GIV  | E WAR OR DATES)                      | 577 40   | 0204            | Gerald Ullme  | r/42 Sycamo              | re Dr.             | Leves.         | Delaware        |
| ECORDS, 201 W PRESTOR  W requires that the defit been signed by the att mit. Then please remove.  prior to buriot committee.  my injury, or other trauming. | CERTIFICATION | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT (  Alzheimers di  19a DATE OF OPERATION | DUE TO, O  (c)  CONDITIONS CO  Sease | R AS A CONSE   | ent Gas         | tro-intestina   |                          | 20b. IF YES, V     | WERE FINDIN    | IGS USED        |
| AL RE lo on. hos hos ows  | Z Ĕ           |   |                                      |  |                 |   | YES NO                   | IN CERTIFYI        | NG CAUSES      | OF DEATH?       |
| DIVISION OF VITA  NG PHYSICIAN. T ottending physici ther this certificate as the buriol-trons th and Mental Hygi th and Mental Hygi                         | MEDICAL CER   | 21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA   | P.                                   | M. MONTH<br>M.   | DAY YEAR        | 21c HOW INJURY OCCUR  |                          | IRY IN ITEM 18 PAR | T I OR PART 2) |                 |
| NG PHY<br>offer this<br>frer this<br>os the bu  | MED           | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK   |                                      | REET, FACTORY, OFFI  |                 | 211 LOCATION<br>STREET  | CITY OR TO               |                    | COUNTY         | STATE           |
| HOSPITAL OR ATTENDING by the hospital or FUNERAL DIRECTOR: A void be detached for use the Nestone Dept. of Heal   |               | 22a. I certify that (I) XXXXXX sow the decressed alive per above, X(ye) (did) (XXXX) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (1YPFO)  GLENDON RAYSO                 | RPRINTS /                            | er deceased from er 27 per dec | March<br>86     | 23 19 84 and that in XuXiXour) opinion DEGREE ATTENDING PHYSICIAN [ 27e ADDRESS  VA Medical ( | MEDICAL STA              | FF<br>CIAN []      | 12/2           | 1/H             |
| 5 5 5 4 W W   |               | BURIAL, CREMATION, REMOVAL  |                                      | 2  | 36 NAME OF C    | EMETERY OR CREMATORY  | 23d LOCATION             |                    |                |                 |
| BP  |               | Burial  | 12-30-                               | 86   | Ivv Hi          | 11 Cemetery   | Alexand                  |                    | OUNTY          | STATE           |
| 99999916 60M 7/84   | 24 F          | UNERAL DIRECTOR   |                                      |  |                 | 25a. DA   | TE REC'D. BY REGISTRAR   | 256 REGISTRA       | R'S SIGNATU    |                 |
| (VRA 15, 4)   | Ev            | verley Wheatley   | F.H A                                | lexandr  | ia. VA          | 22302 IAN   | 02 1927 40               | ria Davido         | son-Acond      | 9,06            |



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STATE OF MARYLAND

| 0.5 | R             | REGISTRAR                                     |  | CERTIF            | ICAIL OF D      | EAIN               | REG. N  | О.           |                     |                                      |
|-----|---------------|---|--|-------------------|-----------------|--------------------|---|--------------|---------------------|--------------------------------------|
| 0   |               | CEASED NAME FIRST                             | WIDDLE                                   | l.                | AST             | 1                  | 20 DATE OF DEATH                                |              | DAY YEAR            | 2b HOUR                              |
|     | (TAPE         | OR PRINT) WAL                                 | TER                                      | URUSKY            |                 |                    | December  | : 22,        | 1986                | 10:17am                              |
|     | 3 SEX         | X   | 4 RACE                                   | 5. DATE C         |                 |                    | 6 AGE (IN YEARS LAST BI                         | THDAY        | IF UNDER 1 YEAR     |                                      |
|     |               | Male  | White                                    | May               | 12,             | 1917               | 69  | YRS          | MONTHS DATS         | HOURS MIN.                           |
| 1   |               | RTHPLACE (STATE OR FOREIGN                    | 76 CITIZEN OF WHAT CO                    | UNTRY? 8          | NEVERA          | AARRIED -          | BALTIMORE CITY                                  | R COUN       | TY OF DEATH         |                                      |
|     |               | New York                                      | U. S. A.                                 | WIDOWE            | D Dr            | ORCED 🗌            |   | Ceci         | 1                   | MD.                                  |
| 3   |               | erry Point, Md.                               | (IF NOT IN SUCH FACILITY, G<br>VA Medica |                   | OR OTHER INST   | ITUTION            | 120. USUAL OCCUPAT<br>(TYPE OF WORK FOR MOST OF | OF WORKING   | LIFE) 126 KIND (    | A.                                   |
| 5   | 13a S         |   | NTY. 1130 GITY                           | or town re de Gra | 13d. INVEIDE C  | NO [               | 13e.STREET ADBRESS                              | / ZIP CO     | Street              | 21078                                |
| 7   | JASEA         | ATHER'S NAME<br>MEChael                       | MIDDLE Unu                               | sky               |                 | MAIDEN NAM         | _   |              | Luzie               | icki                                 |
| 6   |               | VAS DECEASED EVER IN U.S. AF                  |  | AL SECURITY NO.   | 17 INFORMA      | NT                 | ADDR  | ESS          |                     |                                      |
| 6   | 1             | YES, MY OR UNKNOWN) (IF YES OF                | VE YVAR OR DATES)                        | 9-36-4346         | Mary 9          | ic Unus            | ky, Harre                                       | de gi        | race, Mo            | ryland.                              |
|     |               | 18 CAUSE OF DEATH (Enter or                   |  | ), (b), and (c),) |                 |                    |   | 14.          | APPRO!              | XIMATE INTERVAL<br>I ONSET AND DEATH |
|     |               | PART I. DEATH WAS CAUSE<br>IMMEDIA            | TE CAUSE (o) Card:                       | io Pulmona        | ary Arr         | est                | LIVE CL   |              |                     |                                      |
|     | 777           |   | DUE TO, OR AS A CO                       | NSEQUENCE OF      |                 |                    |   |              |                     |                                      |
|     |               | Conditions, if any, which                     |  | e Myocard         | ial Inf         | arction            |   |              |                     |                                      |
|     |               | gove rise to immediate couse (a), stating the |  |                   |                 | arceron            |   |              |                     |                                      |
|     |               | underlying cause lost.                        | DUE TO, OR AS A CO                       | NSEQUENCE OF      |                 |                    |   |              |                     |                                      |
| 9   | 100           | PART O CYLLED CICALORIC LATE                  | (c)                                      |                   |                 |                    |   |              |                     |                                      |
|     | Z             | PART 2. OTHER SIGNIFICANT                     | CONDITIONS CONTRIBUTE                    | NG TO DEATH BUT   | NOI RELATED     | TO THE TERMIN      | NAL DISEASE OR CON                              | DITION       | SIVEN IN PART 1     | 10.                                  |
| 0   | ATIC          | 19a DATE OF OPERATION                         | 196 CONDITION FOR                        | WHICH OPERATIO    | N WAS PEDEO     | DAAED              | 20g AUTOPSY?                                    | 20h IE V     | ES, WERE FIND       | NCCUSED                              |
| L   | CERTIFICATION | THE DATE OF OPERATION                         | The CONDITION FOR                        | WINCHOFERANO      | IN WAS PERFO    | KMED               |   | IN CER       | TIFYING CAUSE       | S OF DEATH?                          |
| 8   | ERT           | 21g. ACCIDENT WAS UNDERLYING                  | 216. TIME OF INJURY                      |                   | Tal. HOW IN     | ILIDY OCCUPA       | YES NO  |              | YES _               | NO []                                |
| g:  |               | OR CONTRIBUTING CAUSE OF DE                   |  | TH DAY YEAR       | ZICHOWIN        | JURY OCCURRE       | D (ENTER NATURE OF INJU                         | RY IN ITEM 1 | B PART I OR PART 2) |                                      |
|     | CA            | (IF EITHER NOTIFY MEDICAL EXAMINE             |  | 19                |                 |                    |   |              |                     |                                      |
|     | MEDICAL       | 21d INJURY OCCURRED                           | 21e PLACE OF INJURY                      |                   | 211 LOCATIO     | N                  | CITY OR TO                                      | )WN          | COUNTY              | STATE                                |
|     | <b>~</b>      | AT WORK NOT WHILE                             |  |                   |                 |                    |   |              |                     |                                      |
| Я   | 10            | 22a I certify that ( kg(this hosp             | ital) attended the deceased              | from Apri]        | 16              | , 19.86            | to Decembe                                      | r 22         | . 19_86             | XXXXXXXXXXX                          |
|     | 30            | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        | ot view the body after deal              | XXXXXX or         | nd that in (my) | (aur) opinion de   |   |              |                     |                                      |
|     |               | 22b. SIGNATURE                                | P  |                   | DEGREE          | Egil M             |   |              |                     | SIGNED                               |
|     |               | (ken the                                      | le y w                                   | 6                 | MD. A           | TIENDING PHYSICIAN | MEDICAL STA                                     |              | 12                  | -22-86                               |
| 1   |               | 22d. PHYSICIAN'S NAME (TYPE C                 | OR PRINT)                                |                   | 22e. ADDRES     | S                  |   |              |                     |                                      |
|     | 100           | K. K. 1                                       | LEUNG, M.D.                              |                   | VA 1            | Medical            | Center, Po                                      | errv         | Point               | Md .                                 |
|     | 23a. B        | BURIAL CREMATION REMOVAL                      | 23b. DATE                                | 23c. NAME OF C    |                 |                    | 23d. LOCATION                                   |              | TOTHE,              | i.i.d. •                             |
|     | (             | SPOIRY) Durial                                | Dec 27, 1986                             |                   |                 |                    | CHIN ON TOWN                                    |              | COUNTY              | STATE                                |
|     | 24.50         | NEREN MOTERIA                                 | 1902/,1700                               | Sacred            | reart (         | emetery            | Manvill   |              | merset,             | Vew Jensey                           |
|     | 10            | atterson & Son                                | Funeral Homê                             |                   |                 | 230. DATE          | REC'D. BY REGISTRAR                             |              | A PROVIDE           |                                      |
|     | -             | accerson a son                                | runeral Home                             | , Perryvi         | Lie, Mo         | i. nr              | C O O 400R                                      | 1.1          | Neadin              | Mandalle                             |

DHMH - 16 60M 7/B4 (VRA 15, 4)

Picke Park 12, 1-17 management lian, A Accient Tribund to a cell 100 Comerce Linear i o con contraction of the contr s'en set 11 ... exes is mustary nounced surce, marriant. ect, the event entire entire invite, a with an 

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| 28933 JA   | 1-21-ARE          | RAR  |   | DEPARTMENT OF H   |                             | ND MENTAL H                           | F DEATH   | 3 5<br>REG. NO. | DAY YEAR                     | y                                    |
|--|-------------------|--|---|---|-----------------------------|---------------------------------------|---|-----------------|------------------------------|--------------------------------------|
| REFASE<br>RECTOR<br>IR FILES<br>INCURS   | 1. SEX<br>Male    | KINS<br>A RACE<br>White  | 5. DATE OF BIRTH                        | WHITE   | MAN  RS IF UNDER  () MONTHS | 1 YR. IF UNDER                        | OF DEATH M  24 HRS. 2c. DATE MIN. PRONOUNCE       | MÖNTH           | 2-26-86                      | 26 HOUR<br>00: 18<br>24 HOUR<br>00/8 |
| PRESTON PERSON   | 74 BIRTHPLA       | CE ISTANTON<br>NWAI'E  | USA                                     | HAT COUNTRY?  | 8. MARRIED<br>WIDOWED       |                                       | ED CEC  | RECITY OR COURT | Υ,                           | MD.                                  |
| PACE<br>N PA | EL                | OWN OF DEATH KTON  | Unior                                   | PITAL, NURSING HOME, CILITY, GIVE STREET ADDRESS)  1 Hospital VE RESIDENCE BEFORE ADMISSION |                             | NSTITUTION                            | 126. USUAL OCCUPAT<br>FOR MOST OF WORKIN<br>Mason |                 | OR INDUSTI                   | RY                                   |
| A AND 3 SETAIN THE SET   | STATE -           | rland Ce   | NTY                                     | North Ea  | st 13d                      | INSIDE CITY LIMITS? ES NOTHER'S MAIDE |   | Carr Rd         | 21901                        |                                      |
| AFTER DEATH NE PAGES 1. H FORM PM NGES 1 AFD SIGNLOF VITE  | La<br>16a. WAS DE | AWPENCE CEASED EVER IN U.S. A RUNKNOWN) (IF YES, GIN                                     | MIDDLE  M  RMED FORCES? E WAR OR DATES) | Whiteman 166. SOCIAL SECURITY 222-01-0  | NO. 17                      | Hatti                                 | MIDD  |                 | Little<br>ark,Del<br>Ash Ave | •                                    |
| DEDS, 2014, PRESTON ENGLIED WITH N. 24. SINGT INVENTED IN TERMINES FROM TREATED AND A BLUNG, TREATED AND HAND MENTAL HYGIE MATION, OR REMOVA   | PART 2            | anditions, if any, which we rise to immediate use (a) stating the under the course lost. | (b)<br>DUE TO, OR                       | AS A CONSEQUENCE O  AS A CONSEQUENCE O  BUT NOT RELATED TO THE TERMIN                       | fent                        | CONDITION GIVEN IN PA                 |   | farete          | ) m 111                      | edistra                              |
| IPICATE SHOULD BE<br>STIFE WORD "FEN<br>TO THE CHEEN AS<br>HOULD BE USED AS<br>ARTWENT OF HEALT<br>CRETO BURBAC CRE  | 210 EX            | TERNAL CAUSE WAS REYING OR RIBUTING CAUSE OF   | 216. TIME OF HOUR A.M                   | INJURY . MONTH DAY YEAR . 19  | 21c. HOW                    | INJURY OCCURRE                        | D (ENTER NATURE OF INJURY                         |                 | 20 AUTOPSY3 YES  PART 2)     | NO BY                                |
| DIVISION DIVISION OF THE CERTIFICATE, WRITHING SHOULD BE FORWARDED FALL DIRECTION: PAGE 3.5 EATH, WITH THE STATE DEPARTMENT OF THE STATE OF THE STAT   | WHILE<br>AT W     | I certify that I took cho resulted fram: Nat   | STREET, FACT                            |   | Autopsy [                   |                                       | OITY OR TOWN  Inquiry  Undetermined mann          | and in my o     | /                            | STATE                                |
| B FIGURE PAGE 4  | (TYPE             |  | 12/29/86                                | 136. NAME OF CEM<br>Ebeneze:  |                             |                                       | 23d LOCATION CITY OR TOWN NEWARK,                 |                 |                              | ATE D                                |
| DHMH-17<br>(VR A15 ME (5))<br>15M 2/80   | nex               | WIT.   | MOS NE                                  | wark. Del   | 1971                        | 1 DEC                                 | 30 1986   | Julia Desi      | door Raidas                  | No.                                  |

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